| No. <b>W 10332</b>                                                                             |                   | Due no later than Dec 31, 2013                                               |                                    | 2. Registered    | 2. Registered Agent and Address (NO PO BOX)         |         |             |  |
|------------------------------------------------------------------------------------------------|-------------------|------------------------------------------------------------------------------|------------------------------------|------------------|-----------------------------------------------------|---------|-------------|--|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080            |                   | Annual Report Form  1. Mailing Address: Correct in this box if needed.       |                                    | 1020 N DEA       | DAVID E MORLEDGE PHD<br>1020 N BEACHWOOD CT         |         |             |  |
|                                                                                                |                   | NEUROSTATUS, LLC. DAVID E MORLEDGE 5120 W OVERLAND RD PMB 239 BOISE ID 83705 |                                    | EAGLE ID         | EAGLE ID 83616  3. New Registered Agent Signature:* |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE                                                       |                   | USA                                                                          |                                    |                  |                                                     |         |             |  |
| 4. Limited Liability Con                                                                       | npanies: Enter Na | mes and Addresses                                                            | of at least one Member or Manager. |                  |                                                     |         |             |  |
| Office Held                                                                                    | Name              |                                                                              | Street or PO Address               | City             | State                                               | Country | Postal Code |  |
| MANAGER                                                                                        | DAVID E M         | ORLEDGE PHD                                                                  | 1020 N BEACHWOOD CT                | EAGLE            | ID                                                  | USA     | 83616       |  |
| 5. Organized Under the Laws of:                                                                |                   | 6. Annual Report must be signed.*                                            |                                    |                  |                                                     |         |             |  |
| ID<br>W 10332                                                                                  |                   | Signature: Davi                                                              |                                    | Date: 11/12/2013 |                                                     |         |             |  |
|                                                                                                |                   | Name (type or                                                                |                                    | Title: Manager   |                                                     |         |             |  |
| Processed 11/12/2013 * Electronically provided signatures are accepted as original signatures. |                   |                                                                              |                                    |                  |                                                     |         |             |  |