

|  |   |  |   |                                    |         |             |
|--|---|--|---|------------------------------------|---------|-------------|
| No. <b>W 117999</b>  | <b>Due no later than Oct 31, 2016</b><br><b>Annual Report Form</b>  |  | 2. Registered Agent and Address <b>(NO PO BOX)</b>                      |                                    |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>1. Mailing Address: Correct in this box if needed.</b>   |  | GIVENS PURSLEY CORPORATE SERVICES<br>601 W BANNOCK ST<br>BOISE ID 83702 |                                    |         |             |
|  | CLINICAL NEUROSCIENCE MANAGEMENT PLLC<br>KENNETH MICHAEL LITTLE<br>2023 CLAREMONT DRIVE<br>BOISE ID 83702 |  | 3. <u>New</u> Registered Agent Signature:*                              |                                    |         |             |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.   |   |  |   |                                    |         |             |
| Office Held  | Name  | Street or PO Address   | City  | State                              | Country | Postal Code |
| MEMBER   | KENNETH MICHAEL LITTLE  | 2023 CLAREMONT DRIVE   | BOISE   | ID                                 | USA     | 83702       |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 117999</b>  |   | 6. Annual Report must be signed.*<br>Signature: Kenneth M Little<br>Name (type or print): Kenneth M Little |   | Date: 08/31/2016<br>Title: Manager |         |             |
| Processed 08/31/2016   |   | * Electronically provided signatures are accepted as original signatures.                                  |   |                                    |         |             |