

No. W 66631

Due no later than September 30, 2008  
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

STREAMSIDE ALZHEIMERS LLC  
3886 W HOUSELAND CT  
EAGLE, ID 83616WILLIAM J HINES  
3886 W HOUSELAND CT  
EAGLE, ID 83616NO FILING FEE IF  
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	William J. Hines	3886 W. Houseland Ct	Eagle	Idaho	83616

5. Organized Under the Laws of:

IDAHO  
W 66631

6.

Signature



Date

7-12-08

Name (Typed or Printed)

William J. Hines

Title

Manager