

No. C 182474	Due no later than Mar 31, 2012 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. PEAK PERFORMANCE AND NEUROFEEDBACK TRAINING, INC. TAYLOR CRITCHFIELD 1404 FALLS AVE E TWIN FALLS ID 83301		TAYLOR CRITCHFIELD 1404 FALLS AVE E TWIN FALLS ID 83301			
			3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	TAYLOR CRITCHFIELD	1404 FALLS AVE E	TWIN FALLS	ID	USA	83301
DIRECTOR	LORILEE CRITCHFIELD	1404 FALLS AVE E	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID C 182474	6. Annual Report must be signed.* Signature: Taylor Critchfield Name (type or print): Taylor Critchfield		Date: 01/16/2012 Title: President			
Processed 01/16/2012		* Electronically provided signatures are accepted as original signatures.				