No. **C 204861**	**Due no later than Feb 29, 2016**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** BRAIN RECOVERY PROJECT, INC. MARIELLA HOGAN PHD 1010 W HAYS ST BOISE ID 83702	MARIELLA HOGAN PHD 1010 W HAYS ST BOISE ID 83702 3. New 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
VICE PRESIDENT	CHRISTINE SHAKESPEARS	218 E 74TH ST APT 3E	NEW YORK	NY		10021
SECRETARY	SUSAN WARNKE	7017 W EL CABALLO DR	BOISE	ID		83704
TREASURER	CHRISTINE TORRES	1059 CARMONA AVE	LOS ANGELES	CA		90019

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 204861**	Signature: Mariella Hogan	Date: 02/16/2016
	Name (type or print): Mariella Hogan	Title: Owner

Processed 02/16/2016

* Electronically provided signatures are accepted as original signatures.