No. C 204861 Return to:		Due no later than Feb 28, 2017 Annual Report Form		2. Registered Ag	2. Registered Agent and Address (NO PO BOX) MARIELLA HOGAN PHD 1010 W HAYS ST BOISE ID 83702 3. New Registered Agent Signature:*			
				4040 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. BRAIN RECOVERY PROJECT, INC. MARIELLA HOGAN PHD 1010 W HAYS ST BOISE ID 83702		BOISE ID 83				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Na	mes and Busin	ess Addresses of Pre	sident, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
VICE PRESIDENT SECRETARY TREASURER	CHRISTINE SHAKESPEARS SUSAN WARNKE CHRISTINE TORRES		218 E 74TH ST APT 3E 7017 W EL CABALLO DR 1059 CARMONA AVE	NEW YORK BOISE LOS ANGELES	NY ID CA		10021 83704 90019	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 204861		Signature: Mariella L Hogan		Date	Date: 02/25/2017			
		Name (type or print): Mariella L Hogan		Title	Title: Owner/Manager			
Processed 02/25/2017		* Electronically provi	ded signatures are accepted as origina	al signatures.				