

No. W 171300		Due no later than Sep 30, 2017		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. NEUROTHERAPY NORTHWEST, LLC NEUROTHERAPY NORTHWEST, LLC PO BOX 14027 SPOKANE VALLEY WA 99214		SARAH JORDAN 6200 N MEEKER PL BOISE ID 83713	
				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
MANAGER	PATRICK WAYNE BURCH	PO BOX 14027	SPOKANE VALLEY	WA	USA 99214-0027
5. Organized Under the Laws of: WA W 171300		6. Annual Report must be signed.* Signature: Patrick Burch Name (type or print): Patrick Burch Date: 09/28/2017 Title: Business Mgr/Co-owner			
Processed 09/28/2017		* Electronically provided signatures are accepted as original signatures.			