No. W 116278	Due no later than Aug 31, 2016	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. PROFESSIONAL DISABILITY ASSOCIATES, LLC SUSAN R ADEN ONE MONUMENT SQUARE				
NO FILING FEE IF RECEIVED BY DUE DATE	STE. 201 PORTLAND ME 04101				
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 ALPHONSE	HEMOND ONE MONUMENT SQUARE, SUITE 201	PORTLAND	ME	USA	04101
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ME	Signature: Susan Aden Da	e: 06/21/2016			
W 116278	Name (type or print): Susan Aden Tit	e: Compliance Support Specialist			
Processed 06/21/2016	* Electronically provided signatures are accepted as original signatures.				