No. W 117999		Due no later than Oct 31, 2015		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		000000 AND 10 1000000 00 10000 A	GIVENS PURSLEY CORPORATE SERVICES 601 W BANNOCK ST BOISE ID 83702			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.						
		CLINICAL NEUROSCIENCE MANAGEMENT PLLC KENNETH MICHAEL LITTLE 2023 CLAREMONT DRIVE		BOISE ID				
		BOISE ID 83702		3. New Regist	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp	oanies: Enter Na	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	MBER KENNETH MICHAEL LITTLE		2023 CLAREMONT DRIVE	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 117999		Signature: Kenn		Date: 08/19/2015				
		Name (type or p		Title: Manager				
Processed 08/19/2015 * Electronically provided signatures are accepted as original signatures.								