

No. <b>W 113752</b>	<b>Due no later than May 31, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> TINNITUS CLINIC OF IDAHO, LLC (THE) BREK DAVID STOKER 13176 PERSIMMON LANE SUITE 120 BOISE ID 83713		COMPLETE CARE AUDIOLOGY INC 13176 PERSIMMON LANE SUITE 120 BOISE 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	BREK DAVID STOKER	4153 E. SPEARFISH DRIVE	MERIDIAN	ID	USA	83646
5. Organized Under the Laws of:  <b>ID</b> <b>W 113752</b>	6. Annual Report must be signed.* Signature: Brek Stoker Name (type or print): Brek Stoker		Date: 03/24/2015 Title: President			
Processed 03/24/2015		* Electronically provided signatures are accepted as original signatures.				