

No. <b>W 66631</b>		<b>Due no later than Sep 30, 2011</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>  STREAMSIDE ALZHEIMERS LLC WILLIAM J HINES 3886 W HOUSELAND CT EAGLE ID 83616		WILLIAM J HINES 3886 W HOUSELAND CT EAGLE ID 83616			
				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	
MEMBER	NANCY M HINES	3886 W. HOUSELAND CT.	EAGLE	ID	USA	83616	
MANAGER	WILLIAM J HINES	3886 W HOUSELAND CT	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:  <b>ID W 66631</b>		6. Annual Report must be signed.* Signature: Nancy Hines Name (type or print): Nancy Hines					
		Date: 08/13/2011 Title: Member					
Processed 08/13/2011		* Electronically provided signatures are accepted as original signatures.					