

No. <b>W 66631</b>		<b>Due no later than Sep 30, 2011</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>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			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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 MANAGER	NANCY M HINES WILLIAM J HINES	3886 W. HOUSELAND CT. 3886 W HOUSELAND CT	EAGLE EAGLE	ID ID	USA USA	83616 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.							