

No. W 35939		Due no later than Jan 31, 2013		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. CONSULTANTS IN EPILEPSY AND NEUROLOGY, PLLC ROBERT T WECHSLER 1499 W. HAYS STREET BOISE ID 83702		ROBERT T WECHSLER 1499 W. HAYS STREET BOISE ID 83702			
				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	ROBERT T WECHSLER MD PHD	100 N 9TH ST STE 200	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 35939		Signature: Robert T Wechsler				Date: 12/07/2012	
		Name (type or print): Robert T Wechsler				Title: Manager	
Processed 12/07/2012		* Electronically provided signatures are accepted as original signatures.					