No. **C 44418**	**Due no later than Oct 31, 2017** **Annual Report Form**	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.** EPILEPSY FOUNDATION OF IDAHO, INC. HEIDI MCADAMS 100 BOISE ID 83712 USA	HEIDI MCADAMS 100 WARM SPRINGS AVENUE BOISE ID 83712 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	HEIDI MCADAMS	5905	BOISE	ID	USA	83716
PRESIDENT	DR. ROBERT WECHSLER M.D., PH.D.	333 NORTH 1ST SUITE 100 (W)	BOISE	ID	USA	83702
TREASURER	TYLER WHELAN	4143 W. SUGAR TREE DRIVE	MERIDIAN	ID	USA	83646

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 44418**	Signature: Heidi McAdams	Date: 10/26/2017
	Name (type or print): Heidi McAdams	Title: Executive Director

Processed 10/26/2017

* Electronically provided signatures are accepted as original signatures.