

No. W 176374		Due no later than Jan 31, 2018 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		1. Mailing Address: Correct in this box if needed. NORTH IDAHO MEMORY CLINIC, LLC PO BOX 1551 HAYDEN ID 83835		JOHN A WOLFE, PH.D. 2190 IRONWOOD CENTER DR STE 2 COEUR D ALENE ID 83814			
NO FILING FEE IF RECEIVED BY DUE DATE				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	BRENDA ROBERTS	505 N. ARGONNE SUITE B 108	SPOKANE VALLEY	WA	USA	99212	
MEMBER	SUSAN MELCHIORE	PO BOX 238	HAYDEN	ID	USA	83835	
5. Organized Under the Laws of: ID W 176374		6. Annual Report must be signed.* Signature: Susan Melchiore Name (type or print): Susan Melchiore Date: 01/25/2018 Title: MD					
Processed 01/25/2018 * Electronically provided signatures are accepted as original signatures.							