

No. C 122554		Due no later than Jan 31, 2018		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. NEURODIAGNOSTIC SERVICES, INC. TRINA SHARPE 236 SOUTHPOINT BLVD IDAHO FALLS ID 83404		TRINA SHARPE 236 SOUTHPOINT BLVD IDAHO FALLS ID 83404			
				3. <u>New</u> 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	TRINA B SHARPE	236 SOUTHPOINT BLVD	IDAHO	ID	USA	83404	
PRESIDENT	JAMES F SHARPE	236 SOUTHPOINT BLVD	IDAHO FALLS	ID	USA	83401	
TREASURER	TRINA B SHARPE	236 SOUTHPOINT BLVD	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: ID C 122554		6. Annual Report must be signed.* Signature: James Sharpe Name (type or print): James Sharpe Date: 02/25/2018 Title: President					
Processed 02/25/2018		* Electronically provided signatures are accepted as original signatures.					