

No. W 66631		Due no later than Sep 30, 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. STREAMSIDE ALZHEIMERS LLC WILLIAM J HINES 3886 W HOUSELAND CT EAGLE ID 83616		WILLIAM J HINES 3886 W HOUSELAND CT EAGLE ID 83616			
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	
MANAGER	WILLIAM J HINES	3886 W HOUSELAND CT	EAGLE	ID	83616		
MEMBER	NANCY M HINES	3886 W. HOUSELAND CT.	EAGLE	ID	USA	83616	
5. Organized Under the Laws of: ID W 66631		6. Annual Report must be signed.* Signature: Nancy M. Hines Name (type or print): Nancy M. Hines					
		Date: 09/23/2018 Title: Member					
Processed 09/23/2018		* Electronically provided signatures are accepted as original signatures.					