

No. <b>W 66631</b>		<b>Due no later than Sep 30, 2018</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		WILLIAM J HINES 3886 W HOUSELAND CT EAGLE ID 83616			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		STREAMSIDE ALZHEIMERS LLC WILLIAM J HINES 3886 W HOUSELAND CT EAGLE ID 83616					
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:		6. Annual Report must be signed.*					
<b>ID W 66631</b>		Signature: Nancy M. Hines			Date: 09/23/2018		
		Name (type or print): Nancy M. Hines			Title: Member		
Processed 09/23/2018		* Electronically provided signatures are accepted as original signatures.					