

No. W 124864	Due no later than May 31, 2015 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. IDAHO NEUROLOGY, PLLC THOMAS SWANSON 6003 WEST WYATT LANE BOISE ID 83714		THOMAS SWANSON 6003 WEST WYATT LANE BOISE ID 83714			
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 MEMBER	Name THOMAS SWANSON	Street or PO Address 6003 WEST WYATT LANE	City BOISE	State ID	Country USA	Postal Code 83714
5. Organized Under the Laws of: ID W 124864	6. Annual Report must be signed.* Signature: Thomas Swanson Name (type or print): Thomas Swanson					Date: 04/21/2015 Title: CEO
Processed 04/21/2015	* Electronically provided signatures are accepted as original signatures.					