No. **W 66631**	**Due no later than Sep 30, 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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**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 3. New 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:	6. Annual Report must be signed.*	
ID **W 66631**	Signature: Nancy Hines	Date: 09/02/2015
	Name (type or print): Nancy Hines	Title: Member

Processed 09/02/2015

* Electronically provided signatures are accepted as original signatures.