

No. <b>W 132082</b>	<b>Due no later than Dec 31, 2015</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b> REGENICARE THERAPEUTICS, LLC DAVID ANDREWS 3600 BEE CAVE RD. STE. 102 AUSTIN TX 78746		NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705			
			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
MEMBER	SHERIDAN LEGACY GROUP	400 N. MICHIGAN AVE. STE. 900	CHICAGO	IL	USA	60611
5. Organized Under the Laws of:  <b>DE W 132082</b>	6. Annual Report must be signed.* Signature: David Andrews Name (type or print): David Andrews		Date: 12/31/2015 Title: Controller			
Processed 12/31/2015		* Electronically provided signatures are accepted as original signatures.				