

No. <b>C 78695</b>	<b>Annual Report Form</b> Due No Later Than November 30, 1997		2 Registered Agent and Office <b>NOT A P O BOX</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address Please Correct If Not Correct  <b>NEURODIAGNOSTIC ASSOCIATES,</b>  <b>338 6TH STREET</b>  <b>LEWISTON ID 83501</b>		<b>BARRY BERGEN, M.D.</b> <b>338 6TH ST</b>  <b>LEWISTON ID 83501</b>
<b>* FIRST NOTICE *</b>	3 Organized Under the Laws of <b>ID C 78695</b>		
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>
			<u>State</u>
			<u>Zip</u>
<p><i>President Barry Bergen, MD. Same as above</i></p>			
5. <b>Neurodiagnostic Associates</b> <b>338 Sixth Street</b> <b>Lewiston, Idaho 83501</b>	6. Signature <u><i>[Signature]</i></u> Date <u><i>7-24-97</i></u> Name (Typed or Printed) <u><i>Barry Bergen</i></u> Title <u><i>MD</i></u>		

ISSUED: 07-04-1997

DO NOT TAPE OR STAPLE

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