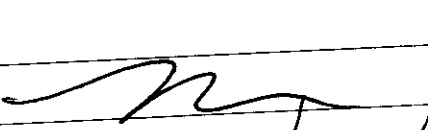


No. W 15862	Due no later than Jul 31, 2002 Annual Report Form	2. Registered Agent and Office NO PO BOX RICHARD HAMMOND MD 650 ADDISON AVE W TWIN FALLS, ID 83303
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable NEUROLOGY OF TWIN FALLS, P.L.L.C. RICHARD HAMMOND MD PO BOX 2790 TWIN FALLS, ID 83303	3. New Registered Agent Signature
NO FILING FEE IF RECEIVED BY DUE DATE		
4. Limited Liability Companies: Enter Names and Addresses of Members.		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
OWNER	RICHARD HAMMOND, MD	PO BOX 2790 TWIN FALLS ID 83303-2790
OWNER	JOHN BUCH, M.D.	PO BOX 2790 TWIN FALLS ID 83303-2790
5. Organized Under the Laws of: IDAHO W 15862		6. Signature  Date <u>5/9/02</u> Name (Typed or Printed) <u>RICHARD J. HAMMOND</u> Title <u>M.D. OWNER</u>

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Issued 05/01/2002

Do Not Tape or Staple