

No. W 15862		Due no later than Jul 31, 2013		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		Annual Report Form		RICHARD HAMMOND MD 738 N COLLEGE RD STE C TWIN FALLS ID 83301-3387	
		1. Mailing Address: Correct in this box if needed. NEUROLOGY OF TWIN FALLS, P.L.L.C. RICHARD HAMMOND MD 738 N COLLEGE RD STE C TWIN FALLS ID 83301		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	RICHARD HAMMOND MD	25 NIELSON LANE	HANSEN	ID	USA 83334
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
ID W 15862		Signature: Richard Hammond		Date: 08/06/2013	
		Name (type or print): Richard Hammond		Title: Member	
Processed 08/06/2013		* Electronically provided signatures are accepted as original signatures.			