

No. W 15862

Due no later than July 31, 2008

Annual Report Form

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
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

2. Registered Agent and Office NO PO BOX

RICHARD HAMMOND MD
630 ADDISON AVE W STE 200
TWIN FALLS, ID 83303

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Partner	RICHARD HAMMOND	25 NIELSON LN	HAGEN	ID	83334
Partner	BRISTANCE HAMMOND	630 ADDISON AVE W STE 200	TWIN FALLS	ID	83301

5. Organized Under the Laws of:
IDAHO
W 15862

6.

Signature

Date

5/28/08

Name (Typed or Printed)

RICHARD J HAMMOND

Title

Partner