

No. **W 15862**

**Due no later than July 31, 2004
Annual Report Form**

2. Registered Agent and Office **NO PO BOX**

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

RICHARD HAMMOND MD
650 ADDISON AVE W
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>
OWNER	RICHARD J. HAMMOND	25 NULSON LN	NANSEN	ID	83334
OWNER	JOHN F. PILCH	3310 East Ford Place	TWIN FALLS	ID	83301

5. Organized Under the Laws of:

IDAHO
W 15862

6.

Signature

Date

Name (Typed or Printed)

Title

[Signature]
5/11/04
RICHARD J. HAMMOND MD
owner