	Due no later than Nov 30, 2002 Annual Report Form		Registered Agent and Office NO PO BOX STEPHEN W ASHER MD	
No. W 4988				
Return to: SECRETARY OF STATE	Mailing Address - Correct in this box, if applicable 1. Mailing Address - Correct MANAGEMENT, LLC		222 N 2ND AVE STE 212	
700 WEST JEFFERSON PO BOX 83720	NEUROLOGICAL OFFICE MANAGEMENT, LLC STEPHEN W ASHER MD 222 N 2ND AVE STE 212		BOISE, ID 83702	
BOISE, ID 83720-0080			3. New Registered Agent Signature	
NO FILING FEE IF	BOISE, ID 83702			
4. Limited Liability Compa	nies. Enter Names and Addresses of M	anagers.	State	<u>Zip</u>
Office held Name	Street of P.O. Address			83702
Manager: Stephen Manager: Allen Ha	Dahes MO ZZZN 2nd St.	Boise	2 +0	32
	Honer, M.D. Suite 212		FC	83702
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	un. m.O. zzz N. znd st	Boise	Ţ D	
Manager: Hillen Ha	Suite 2/2	Bois	, ID	83702
11	Chine, m.o. 222 N. 2nd St.	£5015	se -	
Manager: Martha	Suite 212			
	1 10	<u> </u>	Date 9/9	/0.
5. Organized Under the Laws of:		w-		
IDAHO	Name (Typed or Stephen	u) Asher	M.D. Title M	mager
W 4988		-		546
Issued 09/03/2002	Do Not Tape or St	aple		0.0