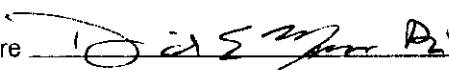
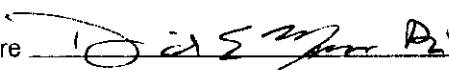
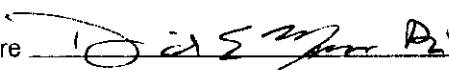


<b>No. W 10332</b>  Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Due no later than Dec 31, 2000</b> <b>Annual Report Form</b> 1. Mailing Address - Correct in this box, if applicable <b>WESTERN NEUROPHYSIOLOGY ASSOCIATES,</b>  7630 SADDLEHORN CT  BOISE, ID 83709	2. Registered Agent and Office <b>NO PO BOX</b> DAVID E MORLEDGE PHD 7630 SADDLEHORN CT  BOISE, ID 83709  3. <u>New</u> Registered Agent Signature
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4. Limited Liability Companies: Enter Names and Addresses of Managers.
 

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	David E. Morledge	7630 Saddlehorn Ct.	Boise	ID	83709
member	Barbara S. Morledge	"	"	"	"

5. Organized Under the Laws of:  IDAHO W 10332	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature </td> <td style="width: 40%;">Date <u>10/5/00</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>David E. Morledge, PhD</u></td> <td>Title: <u>manager.</u></td> </tr> </table>	Signature 	Date <u>10/5/00</u>	Name (Typed or Printed) <u>David E. Morledge, PhD</u>	Title: <u>manager.</u>
Signature 	Date <u>10/5/00</u>				
Name (Typed or Printed) <u>David E. Morledge, PhD</u>	Title: <u>manager.</u>				

Issued 10/02/2000

**Do Not Tape or Staple**

4030