

No. W 5804		Due no later than Mar 31, 2010		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 1. Mailing Address: Correct in this box if needed. AFFILIATED NEUROLOGISTS, P.L.L.C. BECKY L KINZER 338 6TH ST LEWISTON ID 83501		MARK KEANE MD 338 6TH ST STE 102 LEWISTON ID 83501	
				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	MARK R KEANE	338 6TH STREET SUITE 102	LEWISTON	ID	USA 83501
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
ID W 5804		Signature: Becky Kinzer Name (type or print): Becky Kinzer		Date: 04/12/2010 Title: Office Manager	
Processed 04/12/2010		* Electronically provided signatures are accepted as original signatures.			