

No. W 15862	Due no later than Jul 31, 2017 Annual Report Form		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	1. Mailing Address: Correct in this box if needed.		RICHARD HAMMOND MD 738 N COLLEGE RD STE C TWIN FALLS ID 83301-3387			
	NEUROLOGY OF TWIN FALLS, P.L.L.C. RICHARD HAMMOND MD 738 N COLLEGE RD STE C TWIN FALLS ID 83301		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	RICHARD HAMMOND MD	738 NORTH COLLEGE STE C	TWIN FALLS	ID		83301
5. Organized Under the Laws of: ID W 15862		6. Annual Report must be signed.* Signature: richard hammond Name (type or print): richard hammond		Date: 07/31/2017 Title: member		
Processed 07/31/2017		* Electronically provided signatures are accepted as original signatures.				