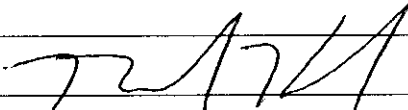


No. W 15862	Due no later than Jul 31, 2003 Annual Report Form	2. Registered Agent and Office NO PO BOX RICHARD HAMMOND MD 650 ADDISON AVE W TWIN FALLS, ID 83303
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address. Correct in this box, if applicable. NEUROLOGY OF TWIN FALLS, P.L.L.C. RICHARD HAMMOND MD PO BOX 2790 TWIN FALLS, ID 83303	3. <u>New</u> Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office held	Name	Street or P.O. Address	City	State	Zip
OWNER/PARTNER	RICHARD J. HAMMOND	25 NELSON LN	HANSEN	ID	83334
OWNER/PARTNER	JOHN F PILCH	3310 E. FORD PLACE	TWIN FALLS	ID	83301

5. Organized Under the Laws of: IDAHO W 15862	6. Signature  Date <u>5/8/03</u> Name (Typed or Printed) <u>RICHARD J. HAMMOND</u> Title <u>OWNER</u>
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