

No. W 15862

Due no later than July 31, 2007

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

Annual Report Form

RICHARD HAMMOND MD
630 ADDISON AVE W STE 200
TWIN FALLS, ID 83303

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. New Registered Agent Signature

NO FILING FEE IF
RECEIVED BY DUE DATE

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

Office held	Name	Street or P.O. Address	City	State	Zip
MEMBER/MGR	RICHARD J HAMMOND, MD.	P.O. BOX 2790	TWIN FALLS	ID	83303
MEMBER	CONSTANCE BROWN-HAMMOND	P.O. BOX 2790	TWIN FALLS	ID	83303

5. Organized Under the Laws of:
IDAHO
W 15862

6.

Signature

Date

7/20/07

Name

(Typed or Printed)

RICHARD J HAMMOND MD

Title

MEMBER

Issued 05/01/2007

Do Not Tape or Staple

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