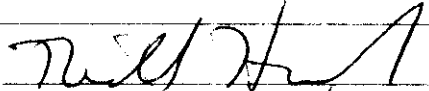
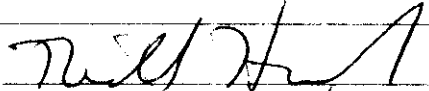
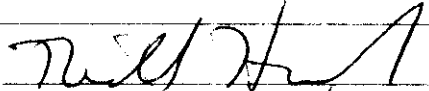


| <b>No. W 15862</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Due no later than July 31, 2005</b><br><b>Annual Report Form</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2. Registered Agent and Office <b>NO PO BOX</b><br>RICHARD HAMMOND MD<br>650 ADDISON AVE W<br>TWIN FALLS, ID 83303 |                                                                                               |                    |                                                   |                    |       |     |       |                    |               |        |    |       |       |               |                      |            |    |       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------|--------------------|-------|-----|-------|--------------------|---------------|--------|----|-------|-------|---------------|----------------------|------------|----|-------|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>         RECEIVED BY DUE DATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>1. Mailing Address - Correct in this box, if applicable</b><br>NEUROLOGY OF TWIN FALLS, P.L.L.C.<br>RICHARD HAMMOND MD<br>PO BOX 2790<br>TWIN FALLS, ID 83303                                                                                                                                                                                                                                                                                                                                                                              | 3. <u>New</u> Registered Agent Signature                                                                           |                                                                                               |                    |                                                   |                    |       |     |       |                    |               |        |    |       |       |               |                      |            |    |       |
| 4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">Owner</td> <td style="vertical-align: top;">RICHARD J. HAMMOND</td> <td style="vertical-align: top;">25 NIELSON LN</td> <td style="vertical-align: top;">HANSEN</td> <td style="vertical-align: top;">ID</td> <td style="vertical-align: top;">83334</td> </tr> <tr> <td style="vertical-align: top;">owner</td> <td style="vertical-align: top;">JOHN F. PILCH</td> <td style="vertical-align: top;">3310 East Ford Place</td> <td style="vertical-align: top;">TWIN FALLS</td> <td style="vertical-align: top;">ID</td> <td style="vertical-align: top;">83301</td> </tr> </tbody> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                    | Office held                                                                                   | Name               | Street or P.O. Address                            | City               | State | Zip | Owner | RICHARD J. HAMMOND | 25 NIELSON LN | HANSEN | ID | 83334 | owner | JOHN F. PILCH | 3310 East Ford Place | TWIN FALLS | ID | 83301 |
| Office held                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Street or P.O. Address                                                                                             | City                                                                                          | State              | Zip                                               |                    |       |     |       |                    |               |        |    |       |       |               |                      |            |    |       |
| Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | RICHARD J. HAMMOND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 25 NIELSON LN                                                                                                      | HANSEN                                                                                        | ID                 | 83334                                             |                    |       |     |       |                    |               |        |    |       |       |               |                      |            |    |       |
| owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | JOHN F. PILCH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 3310 East Ford Place                                                                                               | TWIN FALLS                                                                                    | ID                 | 83301                                             |                    |       |     |       |                    |               |        |    |       |       |               |                      |            |    |       |
| 5. Organized Under the Laws of:<br><div style="text-align: center;">IDAHO<br/>W 15862</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 6. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%; vertical-align: bottom;">           Signature  </td> <td style="width: 40%; vertical-align: bottom;">           Date <u>5/9/05</u> </td> </tr> <tr> <td style="vertical-align: bottom;">           Name (typed or printed) <u>RICHARD J. HAMMOND</u> </td> <td style="vertical-align: bottom;">           Title <u>owner</u> </td> </tr> </table> |                                                                                                                    | Signature  | Date <u>5/9/05</u> | Name (typed or printed) <u>RICHARD J. HAMMOND</u> | Title <u>owner</u> |       |     |       |                    |               |        |    |       |       |               |                      |            |    |       |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date <u>5/9/05</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                    |                                                                                               |                    |                                                   |                    |       |     |       |                    |               |        |    |       |       |               |                      |            |    |       |
| Name (typed or printed) <u>RICHARD J. HAMMOND</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Title <u>owner</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                    |                                                                                               |                    |                                                   |                    |       |     |       |                    |               |        |    |       |       |               |                      |            |    |       |

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