

No. W 15862 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than July 31, 2006 Annual Report Form 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	2. Registered Agent and Office NO PO BOX RICHARD HAMMOND MD 630 ADDISON AVE W 630 ADDISON TWIN FALLS, ID 83303 AVE W, Suite 200 3. New Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse;"> <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>OWNER</td> <td>RICHARD HAMMOND</td> <td>25 NELSON LN</td> <td>NANSEN</td> <td>IDI</td> <td>83334</td> </tr> <tr> <td>OWNER</td> <td>CONSTANCE BROWN-HAMMOND</td> <td>25 NELSON LN</td> <td>Nansen</td> <td>ID</td> <td>83334</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	OWNER	RICHARD HAMMOND	25 NELSON LN	NANSEN	IDI	83334	OWNER	CONSTANCE BROWN-HAMMOND	25 NELSON LN	Nansen	ID	83334
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5. Organized Under the Laws of: IDAHO W 15862	6. Signature <u><i>Richard J. Hammond</i></u> Date <u>7/28/06</u> Name (Typed or Printed) <u>RICHARD J HAMMOND</u> Title <u>owner</u>																			

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