

No. **W 4988**

**Due no later than November 30, 2004
Annual Report Form**

2. Registered Agent and Office **NO PO BOX**

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

NEUROLOGICAL OFFICE MANAGEMENT, LLC
STEPHEN W ASHER MD
222 N 2ND AVE STE 212
BOISE, ID 83702

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222 N 2ND AVE STE 212
BOISE, ID 83702

NO FILING FEE IF

RECEIVED BY DUE DATE

3. New Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Stephen W. Asher, MD	222 N. 2nd St. Suite 212	Boise	ID	83702
Manager	Allen C. Han, MD	222 N 2nd St. Suite 212	Boise	ID	83702
Manager	Martha A. Cline, MD	222 N. 2nd St. Suite 212	Boise	ID	83702

5. Organized Under the Laws of:

IDAHO
W 4988

6.

Signature

Stephen W. Asher

Date

10/23/04

Name (Typed or Printed)

Stephen W. Asher, MD

Title

Manager