

No. W 15862	Due no later than Jul 31, 2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
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 needed. NEUROLOGY OF TWIN FALLS, P.L.L.C. RICHARD HAMMOND MD PO BOX 2790 TWIN FALLS ID 83303		RICHARD HAMMOND MD 526 D SHOUP AVE W TWIN FALLS ID 83301			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	RICHARD HAMMOND MD	PO BOX 2790	TWIN FALLS	ID	USA	83303
5. Organized Under the Laws of: ID W 15862	6. Annual Report must be signed.* Signature: richard J hammond Name (type or print): richard J hammond		Date: 08/13/2009 Title: Officer			
Processed 08/13/2009		* Electronically provided signatures are accepted as original signatures.				