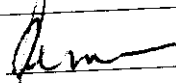


No. W 4988 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than November 30, 2003 Annual Report Form 1. Mailing Address - Correct in this box if applicable: NEUROLOGICAL OFFICE MANAGEMENT, LLC STEPHEN W ASHER MD 222 N 2ND AVE STE 212 BOISE, ID 83702	2. Registered Agent and Office NO PO BOX STEPHEN W ASHER MD 222 N 2ND AVE STE 212 BOISE, ID 83702 3. <u>New</u> 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 Asher M.D.	222 N 2nd St. Suite 212	Boise	ID	83702
Manager	Allen Han M.D.	222 N 2nd St. Suite 212	Boise	ID	83702
Manager	Martha Cline M.D.	222 N 2nd St Suite 212	Boise	ID	83702

5. Organized Under the Laws of: IDAHO W 4988	6. Signature  Date <u>9/16/03</u> Name (Typed or Printed) <u>Stephen W. Asher, M.D.</u> Title <u>Manager</u>
--	---