

No. W 5804

Due no later than March 31, 2008

## Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

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

AFFILIATED NEUROLOGISTS, P.L.L.C.  
BECKY L BIEDERSTEDT  
338 6TH ST  
LEWISTON, ID 83501MARK KEANE MD  
338 6TH ST STE 102  
LEWISTON, ID 83501NO FILING FEE IF  
RECEIVED BY DUE DATE3. New Registered Agent Signature

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

Office heldNameStreet or P.O. AddressCityStateZip

Manager Mark R. Keane 338 6th St, Suite 102 Lewiston ID 83501

5. Organized Under the Laws of:

IDAHO  
W 5804

6.

Signature



Date

3/6/08

Name

(Typed or  
Printed)

Mark R Keane MD

Title

Manager

Issued 01/02/2008

Do Not Tape or Staple

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