

No. W 64205

Due no later than June 30, 2008

2. Registered Agent and Office NO PO BOX

Return to:

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

Annual Report Form

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

NEUROPATHY CLINIC, LLC
214 CYPRESS ST
WALLACE, ID 83873MARIANNE HULL
214 CYPRESS ST
WALLACE, ID 83873NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

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

Office held

Name

Street or P.O. Address

City

State

Zip

Secretary	MARIANNE HULL	214 CYPRESS	WALLACE	Id	83873
Director	JACK HALL	214 CYPRESS	WALLACE	Id	83873

5. Organized Under the Laws of:

IDAHO
W 64205

6.

Signature

Name (Typed or Printed)

Date

Title

Marianne Hull
MARIANNE Hull
4-16-08
Secretary

Issued 04/01/2008

Do Not Tape or Staple

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