

No. W 40879

Due no later than July 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

TWIN FALLS EMERGENCY PHYSICIANS, L.
~~3441 CANYON GOVE~~ 3403 E 4070 N
KIMBERLY, ID 83341

CHAD COLVIN
~~3441 CANYON GOVE~~ 3403 E
KIMBERLY, ID 83341 4070 N

3. New Registered Agent Signature

NO FILING FEE IF
RECEIVED BY DUE DATE

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

Office held	Name	Street or P.O. Address	City	State	Zip
President	Chad Colvin	3403 E 4070 N	Kimberly	ID	83341

5. Organized Under the Laws of:

IDAHO
W 40879

6.

Signature



Date

5/12/08