FILED EFFECTIVE

# REINSTATEMENT

No. C 100683

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

**FEE DUE $30.00**

## Annual Report Form

ADMIN DISSOLVED 04/07/2004

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

ROCKY MOUNTAIN EMERGENCY MEDICINE,

~~200 S WOODRUFF~~ 1820 E 17th Stuf

IDAHO FALLS, ID ~~83403~~ 83402

2. Registered Agent and Office **NOT A P.O. BOX**

JOSEPH M ANDERSON D.O.
4581 S 45TH EAST

IDAHO FALLS, ID 83406

3. New registered agent signature

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of ☐ **Managers** or ☐ **Members** (check one)

| Office held | Name | Street or P.O. Address | City | State | Zip |
|---|---|---|---|---|---|
| Pres. | Joseph M Anderson | 4584 S. 45th E | Idaho Falls | Idaho | 83406 |
| Sec/Treasr | Mic Anderson | 4584 S. 45th E | Idaho Falls | Idaho | 83406 |
| Member | Tim Smith, CPA | 1820 E 17th Stred | Idaho Falls | Idaho | 83402 |

5. Organized under the laws of:

IDAHO
C 100683

6.
Signature Joseph M Anderson Date 4-2-06

Name (Typed or Printed) Joseph M. Anderson Title President

Issued 03/29/2006 by SLD