

No. W 101036		Due no later than Mar 31, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ROSENBERG EMERGENCY PHYSICIAN SERVICES, PLLC JEFFREY V ROSENBERG 635 BIG RIDGE MEADOWS DR AFTON WY 83110		JEFFREY ROSENBERG 3446 E 450 N LEWISVILLE ID 83431			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name JEFFREY V ROSENBERG	Street or PO Address 635 BIG RIDGE MEADOWS DR		City AFTON	State WY	Country USA	Postal Code 83110
5. Organized Under the Laws of: ID W 101036		6. Annual Report must be signed.* Signature: Jeffrey Rosenberg Name (type or print): Jeffrey Rosenberg Date: 02/09/2018 Title: Manager					
Processed 02/09/2018 * Electronically provided signatures are accepted as original signatures.							