

No. C 180948	Due no later than Nov 30, 2013 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. INJURY CARE EMERGENCY MEDICAL SERVICES, P.C. RICHARD RADNOVICH 4850 N ROSEPOINT WY STE 100 BOISE ID 83713		RICHARD RADNOVICH 4850 N ROSEPOINT WY STE 100 BOISE ID 83713				
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	RICHARD RADNOVICH	4850 N ROSEPOINT WAY STE 100	BOISE	ID	USA	83713	
5. Organized Under the Laws of: ID C 180948		6. Annual Report must be signed.* Signature: Richard Radnovich Name (type or print): Richard Radnovich Date: 11/20/2013 Title: President					
Processed 11/20/2013 * Electronically provided signatures are accepted as original signatures.							