

No. W 84817		Due no later than Jun 30, 2011 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. BENNETT MOUNTAIN EMERGENCY PHYSICIANS, LLC KARL OLSON PO BOX 1019 MOUNTAIN HOME ID 83647 USA		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA			
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	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	KARL OLSON	P.O. BOX 1019	MOUNTAIN HOME	ID	USA	83647	
MANAGER	DENNIS DAN CROSSLEY	2170 BELL COUNTRY CT.	MOUNTAIN HOME	ID	USA	83647	
5. Organized Under the Laws of: ID W 84817		6. Annual Report must be signed.* Signature: Dennis Dan Crossley Name (type or print): Dennis Dan Crossley					
		Date: 06/03/2011 Title: Manager					
Processed 06/03/2011		* Electronically provided signatures are accepted as original signatures.					