No. C 64275	Due no later than July 31, 2005 Annual Report Form 1. Mailing Address - Correct in this box, if applicable LEWISTON EMERGENCY PHYSICIANS, CHAR JAY HUNTER 123 SOUTH POLIK MOSCOW, ID 83843		2. Registered Agent a	Registered Agent and Office NO PO BOX JAY HUNTER 123 SOUTH POLK	
Return to: SECRETARY OF STATE					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			MOSCOW, ID 83843		
NO FILING FEE IF RECEIVED BY DUE DATE		:	3. New Registered A	gent Signature	
	ames and Business Addresses of Pr	esident, Secre	tary and Director	S.	
Office held Name	Street or P.O. Address	<u>City</u>	State	Zip	
provided Thy Hunge	- 125 S Pulk	des) co	N FO	83848	
vice-15th BriAN Holum	2626 fiverside Dr.	Clarite	n w4	99403	
ve-ples David Kender	ck 548 Park 5th	Lewish	m ID	83501	
VIZE- PIET MATTHEW LY	SVE RTI, by 69A	DVICHa	70	83501	
5. Organized Under the Laws of:	6.				
IDAHO C 64275	Signature Name (Type: or Parite)	y HUNT	Date	(10/05	
Issued 05/02/2005	Do Not Tape or Sta	ple	·	00507005386	

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