

No. C 64275		Due no later than Jul 31, 2009 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. LEWISTON EMERGENCY PHYSICIANS, CHARTERED JAY HUNTER 123 SOUTH POLK MOSCOW ID 83843		JAY HUNTER 123 SOUTH POLK MOSCOW ID 83843		
				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
DIRECTOR	PATRICK KLEMPPEL	POI BOX 86	LEWISTON	ID	USA	83501
DIRECTOR	MATTHEW LYSNE	RT. 1, BOX 69A	JUILETTA	ID	USA	83501
DIRECTOR	DAVID KENDRICK	1131 30TH ST.	LEWISTON	ID	USA	83501
DIRECTOR	BRIAN HOCUM	2626 RIVERSIDE DR.	CLARKSTON	WA	USA	99403
PRESIDENT	JAY HUNTER	123 S POLK	MOSCOW	ID	USA	83843
5. Organized Under the Laws of: ID C 64275		6. Annual Report must be signed.* Signature: Jay Hunter Name (type or print): Jay Hunter Date: 05/19/2009 Title: President				
Processed 05/19/2009		* Electronically provided signatures are accepted as original signatures.				