

No. <b>C 193208</b>		<b>Due no later than Dec 31, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  HIGH DESERT EMERGENCY PHYSICIANS, INC. JERRY SMEDLEY 439 SPRING MEADOWS DR. IDAHO FALLS ID 83404		JERRY SMEDLEY 439 SPRING MEADOW DR IDAHO FALLS ID 83404			
						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	
SECRETARY	REBECCA J SMEDLEY	439 SPRING MEADOWS DR.	IDAHO FALLS	ID	USA	83404	
PRESIDENT	JERRY B SMEDLEY	439 SPRING MEADOWS DR	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:  <b>ID</b> <b>C 193208</b>		6. Annual Report must be signed.*  Signature: jbsmedley Name (type or print): jbsmedley					
Processed 10/15/2015		* Electronically provided signatures are accepted as original signatures.  Date: 10/15/2015 Title: president					