

|  |              |  |             |   |                     |
|--|--------------|--|-------------|---|---------------------|
| No. <b>W 168103</b>  |              | <b>Due no later than Jun 30, 2018</b>  |             | 2. Registered Agent and Address <b>(NO PO BOX)</b>                              |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |              | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>DAVIS EMERGENCY MEDICINE, PLLC<br>ROBERT L DAVIS<br>3920 REED ST<br>BOISE ID 83714 |             | UNITED STATES CORPORATION AGEN<br>800 W MAIN ST STE 1460<br>BOISE ID 83702-8371 |                     |
|  |              |  |             | 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  | ROBERT DAVIS | 3920 REED ST   | GARDEN CITY | ID  | USA 83714           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 168103</b>  |              | 6. Annual Report must be signed.*<br>Signature: Robert Davis<br>Name (type or print): Robert Davis<br>Date: 04/25/2018<br>Title: president   |             |   |                     |
| Processed 04/25/2018   |              | * Electronically provided signatures are accepted as original signatures.  |             |   |                     |