

No. **W 2779**

Due no later than August 31, 2005

2. Registered Agent and Office **NO PO BOX**

Annual Report Form

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

ROCKY MOUNTAIN EMERGENCY PHYSICIANS
CRAIG L BOSLEY MD/BANNOCK REG MED CTR
651 MEMORIAL DR/ER DEPT
POCATELLO, ID 83201

CRAIG L BOSLEY MD/BANNOCK REG
MED CTR
651 MEMORIAL DR/ER DEPT
POCATELLO, ID 83201

3. New Registered Agent Signature

**NO FILING FEE IF
RECEIVED BY DUE DATE**

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
CFO	Doug Favor, MD	651 Memorial Dr	Pocatello	ID	83201
Chmn.	John Conner, MD	651 Memorial Dr	Pocatello	ID	83201

5. Organized Under the Laws of:

IDAHO
W 2779

6.

Signature

Date

6/15/05

Name (Type or Print)

Douglas G. Favor

Title

MD, CFO