

No. <b>C 114368</b>		<b>Due no later than Mar 31, 2011</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>1. Mailing Address: Correct in this box if needed.</b>  EMERGENCY MEDICINE OF IDAHO, P.A. ALLAN R BOSCH PO BOX 2598 BOISE ID 83701		ALLAN R BOSCH 205 N 10TH ST 4TH FL BOISE ID 83702 USA			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	DAVID P HIGHTOWER, MD	13960 W. WAINWRIGHT	BOISE	ID	USA	83713-1969	
DIRECTOR	KEVIN M TIMMEL, MD	13960 W. WAINWRIGHT	BOISE	ID	USA	83713-1969	
DIRECTOR	TOM AHLQUIST, MD	13960 W. WAINWRIGHT	BOISE	ID	USA	83713-1969	
DIRECTOR	ROBERT J HILVERS, MD	13960 W. WAINWRIGHT	BOISE	ID	USA	83713-1969	
DIRECTOR	KENNETH J BRAMWELL, MD	13960 W. WAINWRIGHT	BOISE	ID	USA	83713-1969	
PRESIDENT	NEERAJ SONI, MD	13960 W. WAINWRIGHT	BOISE	ID	USA	83713-1969	
DIRECTOR	JOACHIM G FRANKLIN, MD	13960 W. WAINWRIGHT	BOISE	ID	USA	83713-1969	
DIRECTOR	MATTHEW P HULQUIST, MD	13960 W. WAINWRIGHT	BOISE	ID	USA	83713-1969	
DIRECTOR	DAVID M JOHNSON, MD	13960 W. WAINWRIGHT	BOISE	ID	USA	83713-1969	
SECRETARY	LOUIS T COWLEY, MD	13960 W. WAINWRIGHT	BOISE	ID	USA	83713-1969	
DIRECTOR	NATHAN R ANDREW, MD	13960 W. WAINWRIGHT	BOISE	ID	USA	83713-1969	
5. Organized Under the Laws of:  <b>ID</b> <b>C 114368</b>		6. Annual Report must be signed.*  Signature: Tera Rose Name (type or print): Tera Rose					
		Date: 01/20/2011 Title: Client Specialist					
Processed 01/20/2011		* Electronically provided signatures are accepted as original signatures.					