

No. C 114368		Due no later than Mar 31, 2011		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. 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		
				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: ID C 114368		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.				