

No. <b>C 163827</b>		<b>Due no later than Dec 31, 2009</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>Annual Report Form</b>		CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		IDAHO EM-I MEDICAL SERVICES, P.C. CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702					
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	
PRESIDENT	M. JEFFREY SLEPIN, M.D.	6200 S. SYRACUSE WAY STE 200	GREENWOOD VILLAGE	CO	USA	80111	
SECRETARY	M. JEFFREY SLEPIN, M.D.	6200 S. SYRACUSE WAY STE 200	GREENWOOD VILLAGE	CO	USA	80111	
DIRECTOR	M. JEFFREY SLEPIN, M.D.	6200 S. SYRACUSE WAY STE 200	GREENWOOD VILLAGE	CO	USA	80111	
5. Organized Under the Laws of: <b>ID C 163827</b>		6. Annual Report must be signed.* Signature: M. Jeffrey Slepín, M. D. Name (type or print): M. Jeffrey Slepín, M. D.		Date: 11/10/2009 Title: President			
Processed 11/10/2009		* Electronically provided signatures are accepted as original signatures.					