

No. W 2779		Due no later than Aug 31, 2006		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. ROCKY MOUNTAIN EMERGENCY PHYSICIANS, L.L.C. 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. <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	CRAIG L BOSLEY MD	BRMC. 651 MEMORIAL DR	POCATELLO	ID		83201	
MANAGER	DOUGLAS G. FAVOR	651 MEMORIAL	POCATELLO	ID	USA	85320	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
IDAHO W 2779		Signature: Douglas G. Favor,MD				Date: 09/19/2006	
		Name (type or print): Douglas G. Favor,MD				Title: Financial Manager	
Processed 09/19/2006		* Electronically provided signatures are accepted as original signatures.					