

No. W 2779

Due no later than August 31, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
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 83201CRAIG L BOSLEY MD/BANNOCK REG
MED CTR
651 MEMORIAL DR/ER DEPT
POCATELLO, ID 83201NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

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

Office held	Name	Street or P.O. Address	City	State	Zip
CFO	Doug Fawn	651 Memorial Dr.	Pocatello	ID	83201
Chmn.	Ken Ryan	651 Memorial Dr.	Pocatello	ID	83201

5. Organized Under the Laws of:

IDAHO
W 2779

6.

Signature

Name (Typed or Printed)

Date

Title

Issued 06/01/2007

Do Not Tape or Staple

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