No. C 107340		Due no later than Aug 31, 2014		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. WEST VALLEY EMERGENCY PHYSICIANS, P.A. DIANE TURNER 1110 N FIVE MILE RD BOISE ID 83713		1110 N FIVE BOISE ID	JEANETTE RHODES 1110 N FIVE MILE RD BOISE ID 83713 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
		ess Addresses of	President, Secretary, and Directors. Treasu					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY PRESIDENT	DIANE T BEARSS JOHN P MULLINS		9000 W. DUCK LAKE DR. 3423 PORTLAND AVE.	BOISE NAMPA	ID ID	USA USA	83714 83686	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 107340		Signature: Je	Da	Date: 06/16/2014				
		Name (type or print): Jeanette Rhodes		Tit	Title: Registered Agent			
Processed 06/16/2014		* Electronically p	rovided signatures are accepted as original	signatures.				