No. <b>W 89060</b>		Due no later than Dec 31, 2010		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		ERIC S CASSIDY DO				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  EMERGENCY PHYSICIANS OF SOUTHERN IDAHO, PLLC 650 ADDISON AVE W TWIN FALLS ID 83301		650 ADDISON AVE W TWIN FALLS ID 83301  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Co	mpanies: Enter Nai	mes and Addre	sses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	KIT RHEAD		650 ADDISON AVE WEST	TWIN FALLS	ID	USA	83301-5444	
MEMBER	KENT PRESS	SMAN	650 ADDISON AVE W	TWIN FALLS	ID	USA	83301-5444	
MEMBER	PHILLIP NEL	SON	650 ADDISON AVE W	TWIN FALLS	ID	USA	83301-5444	
MEMBER	MATHEW LARSEN		650 ADDISON AVE W	TWIN FALLS	ID	USA	83301-5444	
MEMBER	KEVIN KRAAL		650 ADDISON AVE W	TWIN FALLS	ID	USA	83301-5444	
MEMBER	SCOTT HOLLIDAY		650 ADDISON AVE WEST	TWIN FALLS	ID	USA	83301-5444	
MEMBER	EMBER CHAD COLVIN		650 ADDISON AVE W	TWIN FALLS	ID	USA	83301-5444	
MANAGER	ER ERIC S CASSIDY		650 ADDISON AVE W	TWIN FALLS	ID	USA	83301-5444	
5. Organized Under the Laws of:		6. Annual Rep	ort must be signed.*					
ID		Signature: Eric Cassidy		Date: 10/29/2010				
W 89060		Name (type or print): Eric Cassidy		Title: Manager				
Processed 10/29/201	.0	* Electronically	Electronically provided signatures are accepted as original signatures.					