| No. W 7267 | | Due no later than Nov 30, 2009 | | 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. MOSCOW EMERGENCY PHYSICIANS, PLLC JOHN B BROWN 1144 WALLEN RD | | 1144 WALLE MOSCOW II | JOHN B BROWN 1144 WALLEN RD MOSCOW ID 83843 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar | | MOSCOW II | | 3. <u>New</u> Registe | red Agent S | ignature:* | | |
| Office Held | Name | nes and Address | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER MEMBER MEMBER MEMBER MEMBER MEMBER | FRANK REISER RANDALL KLOEPFER KURT MARTYN DEBRA MCKINNON JOHN B BROWN | | 700 S. MAIN 700 S. MAIN 700 S. MAIN 700 S. MAIN 1144 WALLEN RD | MOSCOW MOSCOW MOSCOW MOSCOW MOSCOW | ID ID ID ID ID | USA USA USA USA USA | 83843 83843 83843 83843 83843 | |
| 5. Organized Under the Laws of: ID W 7267 | | 6. Annual Report must be signed.* Signature: John B Brown, MD Name (type or print): John B Brown, MD | | | Date: 12/17/2009 Title: Treasurer | | | |
| Processed 12/17/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | | | |