No. C 107340	Due no later than Aug 31, 2012	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 FIV 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		- Continue (Continue (Cont			
	iness Addresses of President, Secretary, and Directors. Treasurer		61.1		5
Office Held Name	Street or PO Address	City	State	Country	Postal Code
SECRETARY DIANE T I PRESIDENT JOHN P M		BOISE NAMPA	ID ID	USA USA	83714 83686
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: Zoe Ward	Date: 06/12/2012			
C 107340	Name (type or print): Zoe Ward	Title: Bookkeeper			
Processed 06/12/2012	* Electronically provided signatures are accepted as original signatures.				