Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE * 1. Mailing Address - Please Correct, If Not Correct EMERGENCY ROOM ASSOCIATES, P IVYL W. WELLS, M.D. 465 MCKENNA DR. 1. Mailing Address - Please Correct, If Not Correct 465 MCKENNA DR. 465 MCKENNA DR. MOUNTAIN HOM ID 83647 3. Organized Under the Laws of: ID C 80461	No. C 8046 1	1		nnual Report to Later Than No	Form	1976	2. Registered Agent		ŀ	
PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE * MOUNTAIN HOME ID 83647 Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one) Office held Name Street or P.O. Address City State Zip President IVYL W. WELLS, M.D. 465 McKenna Drive Mountain Home Idaho 83647 Secretary Karen L. Lormand 465 McKenna Drive Mountain Home Idaho 83647 Director IVYL W. WELLS, M.D. 465 McKenna Drive Mountain Home Idaho 83647 MICHAEL P.Koelsch, MD 805 North 6th East Mountain Home Idaho 83647 LAYNE D.ROBERTS, D.O.465 McKenna Drive Mountain Home Idaho 83647 NATURE OF BUSINESS EMERGENCY ROOM COVERAGE Name (Typendor IVYLW, WELLS, M.D. Title President) ISSUED: 07-06-1996	700 WEST JEFFERSON PO BOX 83720		Mailing Address - Please Correct, If Not Correct				IVYL.W. WELLS, M.D. 465 MCKENNA DR.			
* FIRST NOTICE * MOUNTAIN HOME ID 83647 Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one) Office held Name Street or P.O. Address City State Zip President IVYL W. WELLS, M.D. 465 McKenna Drive Mountain Home Idaho 83647 Secretary Karen L. Lormand 465 McKenna Drive Mountain Home Idaho 83647 Director IVYL W. WELLS, M.D. 465 McKenna Drive Mountain Home Idaho 83647 MICHAEL P.Koelsch, MD 805 North 6th East Mountain Home Idaho 83647 LAYNE D.ROBERTS, D.O. 465 McKenna Drive Mountain Home Idaho 83647 LAYNE D.ROBERTS, D.O. 465 McKenna Drive Mountain Home Idaho 83647 MATURE OF BUSINESS 6. Certify that this Annual Report has been examined by me and is to the best of my knowledge true correct and complete Date NATURE OF BUSINESS Name (Typed or IVYI W. WELLS, M.D. Title President ISSUED: 07-06-1996 15037			IVYL W. WELLS, M.D.			, P	MOUNTAIN	HOM ID	83647	
Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one) Office held Name Street or P.O. Address City State Zip President IVYL W. WELLS, M.D. 465 McKenna Drive Mountain Home Idaho 83647 Secretary Karen L. Lormand 465 McKenna Drive Mountain Home Idaho 83647 Director IVYL W. WELLS, M.D. 465 McKenna Drive Mountain Home Idaho 83647 MICHAEL P.Koelsch, MD 805 North 6th East Mountain Home Idaho 83647 LAYNE D.ROBERTS, D.O.465 McKenna Drive Mountain Home Idaho 83647 NATURE OF BUSINESS EMERGENCY ROOM COVERAGE Name (Typed or IVYL W. WELLS, M.D. Title President) ISSUED: 07-06-1996 15037	NO FEE REQUIRED						3. Organized Under the Laws of:			
Diffice held Name Street or P.O. Address City State Zip President IVYL W. WELLS, M.D. 465 McKenna Drive Mountain Home Idaho 83647 Secretary Karen L. Lormand 465 McKenna Drive Mountain Home Idaho 83647 Director IVYL W. WELLS, M.D. 465 McKenna Drive Mountain Home Idaho 83647 MICHAEL P. Koelsch, MD 805 North 6th East Mountain Home Idaho 83647 LAYNE D. ROBERTS, D.O. 465 McKenna Drive Mountain Home Idaho 83647 NATURE OF BUSINESS 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true correct and complete Name (Typed or IVYL W. WELLS, M.D. Title President) ISSUED: 07-06-1996 15037	* FIRST NOTICE *		MOUNTAIN HOME ID 83647				ID	ID C 80461		
President IVYL W. WELLS, M.D. 465 McKenna Drive Mountain Home Idaho 83647 Secretary Karen L. Lormand 465 McKenna Drive Mountain Home Idaho 83647 Director IVYL W. WELLS, M.D. 465 McKenna Drive Mountain Home Idaho 83647 MICHAEL P.Koelsch,MD 805 North 6th East Mountain Home Idaho 83647 LAYNE D.ROBERTS, D.O.465 McKenna Drive Mountain Home Idaho 83647 NATURE OF BUSINESS 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true cornect and complete Signature Name (Typed or Private) IVYL W. WELLS, M.D. Title President ISSUED: 07-06-1996										
Secretary Karen L. Lormand 465 McKenna Drive Mountain Home Idaho 83647 Director IVYL W. WELLS, M.D. 465 McKenna Drive Mountain Home Idaho 83647 MICHAEL P.Koelsch, MD 805 North 6th East Mountain Home Idaho 83647 LAYNE D.ROBERTS, D.O.465 McKenna Drive Mountain Home Idaho 83647 NATURE OF BUSINESS EMERSENCY ROOM COVERAGE Name (Typed of IVYL W. WELLS, M.D. Title President) ISSUED: 07-06-1996 15037	Office held	<u>Name</u>		Street or P.O.	Address		<u>City</u> -	<u>State</u>	<u>Zip</u>	
Director IVYL W. WELLS, M.D. 465 McKenna Drive Mountain Home Idaho 83647 MICHAEL P.Koelsch, MD 805 North 6th East Mountain Home Idaho 83647 LAYNE D.ROBERTS, D.O.465 McKenna Drive Mountain Home Idaho 83647 NATURE OF BUSINESS EMERSENCY ROOM COVERAGE Name (Typed or Name Printed) ISSUED: 07-06-1996 Mountain Home Idaho 83647 Mountain Home Idaho 83647 Mountain Home Idaho 83647	President 1	CVYL W. WE	ELLS, M.D.	465 McKenn	a Drive	Mount	ain Home	Idaho	83647	
MICHAEL P.Koelsch, MD 805 North 6th East Mountain Home Idaho 83647 LAYNE D.ROBERTS, D.O.465 McKenna Drive Mountain Home Idaho 83647 NATURE OF BUSINESS EMERGENCY ROOM COVERAGE Name (Typed or Printed) ISSUED: 07-06-1996 Michael P.Koelsch, MD 805 North 6th East Mountain Home Idaho 83647 Mountain Home Idaho 83647 Layne Idaho 83647 Layne D. Roberts, D.O.465 McKenna Drive Mountain Home Idaho 83647 Idaho 83647 Layne D. Roberts, D.O.465 McKenna Drive Mountain Home Idaho 83647 Layne D. Roberts, D.O.465 McKenna Drive Mountain Home Idaho 83647 Layne D. Roberts, D.O.465 McKenna Drive Mountain Home Idaho 83647 Layne D. Roberts, D.O.465 McKenna Drive Mountain Home Idaho 83647 Layne D. Roberts, D.O.465 McKenna Drive Mountain Home Idaho 83647 Layne D. Roberts, D.O.465 McKenna Drive Mountain Home Idaho 83647 Layne D. Roberts, D.O.465 McKenna Drive Mountain Home Idaho 83647 Layne D. Roberts, D.O.465 McKenna Drive Mountain Home Idaho 83647 Layne D. Roberts, D.O.465 McKenna Drive Mountain Home Idaho 83647 Layne D. Roberts, D.O.465 McKenna Drive Mountain Home Idaho 83647 Layne D. Roberts, D.O.465 McKenna Drive Mountain Home Idaho 83647 Layne D. Roberts, D.O.465 McKenna Drive Mountain Home Idaho 83647 Layne D. Roberts, D.O.465 McKenna Drive Mountain Home Idaho 83647 Layne D. Roberts, D.O.465 McKenna Drive Mountain Home Idaho 83647 Layne D. Roberts, D.O.465 McKenna Drive Mountain Home Idaho 83647 Layne D. Roberts, D.O.465 McKenna Drive Mountain Home Idaho 83647 Layne D. Roberts, D.O.465 McKenna Drive Mountain Home Idaho 83647 Layne D. Roberts, D.O.465 McKenna Drive Mountain Home Idaho 83647 Layne D. Roberts, D. Layne McKenna Drive Mountain Home Idaho 83647 Layne D. Layne	Secretary F	Karen L. I	Lormand	465 McKenn	a Drive	Mount	ain Home	Idaho	83647	
IAYNE D.ROBERTS, D.O.465 McKenna Drive Mountain Home Idaho 83647 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true correct and complete Signature EMERGENCY ROOM COVERAGE Name (Typed or Printed) ISSUED: 07-06-1996 15037	Director I	CVYL W. WE	ELLS, M.D.	465 McKenn	a Drive	Mount	ain Home	Idaho	83647	
IAYNE D.ROBERTS, D.O.465 McKenna Drive Mountain Home Idaho 83647 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true correct and complete Signature EMERGENCY ROOM COVERAGE Name (Typed or Printed) ISSUED: D7-06-1996 15037	N	MICHAEL P.	Koelsch,MD	805 North	6th East	Mount	ain Home	. Idaho	83647	
EMERGENCY ROOM COVERAGE Name (Typed or Printed) ISSUED: 07-06-1996 knowledge true correct and completed Signature Date Name (Typed or Printed) IVYI W. WELLS, M.D. Title President 15037			·			Mount	ain Home	Idaho	83,647	
EMERGENCY ROOM COVERAGE Name (Typed or Printed) ISSUED: 07-06-1996 knowledge true correct and completed Signature Date Name (Typed or Printed) IVYI W. WELLS, M.D. Title President 15037					1					
EMERGENCY ROOM COVERAGE Name (Typed or Printed) ISSUED: 07-06-1996 knowledge true correct and completed Signature Date Name (Typed or Printed) IVYI W. WELLS, M.D. Title President 15037			ń			ı		,	/	
ISSUED: 07-06-1996 Name (typed of IVYIV W. WELLS, M.D. Title President) 15037	NATURE OF	BUSINESS	kn-	owledge true co	nnual Report ha	beter ()	12	nd is to the b	est of my	
	EMERGENCY ROOM COVERAGE Name (Typed or Printed) Name (Typed or IVYI/W. WELLS, M.D. Title President)									
	ISSUED:	07-06-19	96				1	5037		
· · · · · · · · · · · · · · · · · · ·										