

No. C 114368		Due no later than Mar 31, 2008		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. EMERGENCY MEDICINE OF IDAHO, P.A. ALLAN R BOSCH 225 N 9TH ST STE 210 BOISE ID 83702		ALLAN R BOSCH 225 N 9TH ST STE 210 BOISE ID 83702			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
SECRETARY	KEVIN M TIMMEL	13960 W. WAINWRIGHT SUITE A	BOISE	ID	USA	83713-1969	
DIRECTOR	JOHN G. BRANDECKER, MD	13960 W. WAINWRIGHT SUITE A	BOISE	ID	USA	83713-1969	
DIRECTOR	TOM AHLQUIST, MD	13960 W. WAINWRIGHT SUITE A	BOISE	ID	USA	83713-1969	
DIRECTOR	ROBERT J HILVERS, MD	13960 W. WAINWRIGHT SUITE A	BOISE	ID	USA	83713-1969	
DIRECTOR	KENNETH J BRAMWELL, MD	13960 W. WAINWRIGHT SUITE A	BOISE	ID	USA	83713-1969	
PRESIDENT	NEERAJ SONI, MD	13960 W. WAINWRIGHT SUITE A	BOISE	ID	USA	83713-1969	
DIRECTOR	MARK D BURNINGHAM, MD	13960 W. WAINWRIGHT SUITE A	BOISE	ID	USA	83713-1969	
DIRECTOR	MATTHEW P HULQUIST, MD	13960 W. WAINWRIGHT SUITE A	BOISE	ID	USA	83713-1969	
DIRECTOR	ROURKE M. YEAKLEY, MD	13960 W. WAINWRIGHT SUITE A	BOISE	ID	USA	83713-1969	
DIRECTOR	DAVID M JOHNSON, MD	13960 W. WAINWRIGHT SUITE A	BOISE	ID	USA	83713-1969	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 114368		Signature: Neeraj Soni Name (type or print): Neeraj Soni				Date: 02/12/2008 Title: President	
Processed 02/12/2008		* Electronically provided signatures are accepted as original signatures.					