

No. W 40879

Due no later than July 31, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

TWIN FALLS EMERGENCY PHYSICIANS, L.
3411 CANYON COVE
KIMBERLY, ID 83341

CHAD COLVIN
3411 CANYON COVE
KIMBERLY, ID 83341

3. New Registered Agent Signature

NO FILING FEE IF
RECEIVED BY DUE DATE

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office held

Name

Street or P.O. Address

City

State

Zip

President

Chad Colvin

3411 Canyon Cove

Kimberly

ID

83341

5. Organized Under the Laws of:

IDAHO
W 40879

6.

Signature

Date

5/12/07

Moisten Adhesive, Do Not Tape or Staple