No. <b>C 180948</b>		Due	2. Registered Agent and Address (NO PO BOX)					
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Due no later than Nov 30, 2012 Annual Report Form  1. Mailing Address: Correct in this box if needed.  INJURY CARE EMERGENCY MEDICAL SERVICES, P.C. RICHARD RADNOVICH 4850 N ROSEPOINT WY STE 100		RICHARD RADNOVICH 4850 N ROSEPOINT WY STE 100 BOISE ID 83713  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE  4. Corporations: Enter Names and Busine		BOISE ID 83			tered Agent S	ignature:*		
	Name	C33 Addi C33C3 Oi i	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT RICHARD RA		ADNOVICH	4850 N ROSEPOINT WAY STE 100	BOISE	ID	USA	83713	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Ric	Date: 10/31/2012					
C 180948		Name (type or	Title: President					
Processed 10/31/2012	* Electronically provided signatures are accepted as original signatures.							