

No. <b>C 107340</b>	<b>Due no later than Aug 31, 2009</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> WEST VALLEY EMERGENCY PHYSICIANS, P.A. DIANE TURNER 1110 N FIVE MILE RD BOISE ID 83713		JEANETTE RHODES 1110 N FIVE MILE RD BOISE ID 83713			
			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	DIANE T BEARSS	9000 W. DUCK LAKE DR.	BOISE	ID	USA	83714
PRESIDENT	JOHN P MULLINS	3423 PORTLAND AVE.	NAMPA	ID	USA	83686
5. Organized Under the Laws of:  <b>ID C 107340</b>	6. Annual Report must be signed.* Signature: Zoe Ward Name (type or print): Zoe Ward		Date: 06/15/2009 Title: Bookkeeper			
Processed 06/15/2009		* Electronically provided signatures are accepted as original signatures.				