

No. **C 77245**

Due no later than November 30, 2005

Annual Report Form

2. Registered Agent and Office **NO PO BOX**

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

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

FAMILY EMERGENCY CENTER WEST, P.A.
P. JEFFREY THOMPSON, M.D.
250 SO. SKYLINE DR.
IDAHO FALLS, ID 83402

P. JEFFREY THOMPSON, M.D.
1995 E. 17TH ST.
IDAHO FALLS, ID 83404

3. New Registered Agent Signature

**NO FILING FEE IF
RECEIVED BY DUE DATE**

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Roger S Brant	1995 E 17th	Idaho Falls	Id	83404
Secretary	P Jeffrey Thompson	✓	✓	✓	✓
Directors	Roger S Brant	✓	✓	✓	✓
	Barton E Brower	✓	✓	✓	✓
	P Jeffrey Thompson	✓	✓	✓	✓

5. Organized Under the Laws of:

IDAHO
C 77245

6.

Signature

P. Jeffrey Thompson, MD

Date

12/7/05

Name (Typed or Printed)

P Jeffrey Thompson

Title

Secretary