

No. C 77245	Due no later than November 30, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX P. JEFFREY THOMPSON, M.D. 1995 E. 17TH ST. IDAHO FALLS, ID 83404		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	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		3. <u>New</u> Registered Agent Signature		
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 <u>P. Jeffrey Thompson, MD</u> Date <u>12/7/05</u> Name (Typed or Printed) <u>P Jeffrey Thompson</u> Title <u>Secretary</u>			

Issued 09/01/2005

Do Not Tape or Staple

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