

No. <b>W 2779</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> ROCKY MOUNTAIN EMERGENCY PHYSICIANS, L.L.C. DOUGLAS G FAVOR, MD 651 MEMORIAL DR/ER DEPT POCATELLO ID 83201 USA		CRAIG L BOSLEY MD/BANNOCK REG MED CTR 651 MEMORIAL DR/ER DEPT POCATELLO ID 83201			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	RANDALL S FOWLER, MD	BRMC. 651 MEMORIAL DR	POCATELLO	ID	USA	83201
MANAGER	DOUGLAS G. FAVOR	651 MEMORIAL	POCATELLO	ID	USA	85320
5. Organized Under the Laws of:  <b>ID W 2779</b>	6. Annual Report must be signed.* Signature: Douglas G. Favor Name (type or print): Douglas G. Favor		Date: 07/03/2009 Title: Md			
Processed 07/03/2009		* Electronically provided signatures are accepted as original signatures.				