

No. C 100683	Due no later than Jan 31, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
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 needed. ROCKY MOUNTAIN EMERGENCY MEDICINE, P.A. JOE ANDERSON 1820 E 17TH ST STE 200 IDAHO FALLS ID 83402		JOSEPH M ANDERSON D.O. 4581 S 45TH EAST IDAHO FALLS ID 83406			
			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
PRESIDENT	JOE ANDERSON	4581 S 45TH EAST	IDAHO FALLS	ID	USA	83406
5. Organized Under the Laws of: ID C 100683		6. Annual Report must be signed.* Signature: Joe Anderson Name (type or print): Joe Anderson Date: 12/02/2013 Title: President				
Processed 12/02/2013		* Electronically provided signatures are accepted as original signatures.				