No. **W 2779**	**Due no later than Aug 31, 2013** **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 PHYSICIANS, L.L.C. RANDALL S FOWLER, MD 777 HOSPITAL WAY DEPT. OF EMERGENCY MEDICINE POCATELLO ID 83201-5175 USA	RANDALL S FOWLER MD C/O PORTNEUF MEDICAL CENTER 777 HOSPITAL WAY DEPT. OF EMERGENCY MEDICINE POCATELLO ID 83201-5175 3. New 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	KURTIS R HOLT MD	777 HOSPITAL WAY DEPT. OF EMERGENCY MEDICINE	POCATELLO	ID	USA	83201-5175
MANAGER	CURTIS C SANDY MD	777 HOSPTIAL WAY DEPT. OF EMERGENCY MEDICINE	POCATELLO	ID	USA	83201-5175
MANAGER	KERI L FOWLER	777 HOSPITAL WAY DEPT. OF EMERGENCY MEDICINE	POCATELLO	ID	USA	83201-5175

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 2779**	Signature: Keri L. Fowler	Date: 08/12/2013
	Name (type or print): Keri L. Fowler	Title: Cheif Financial Officer

Processed 08/12/2013

* Electronically provided signatures are accepted as original signatures.