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|--|-----------------|--|-------|--|---------|-------------|--|
| No. C 50300 | | Due no later than Oct 31, 2009 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO EMERGENCY PHYSICIANS, P.A. KATHY WILLIAMSO 2312 NORTH COLE RD. SUITE B BOISE ID 83704 USA | | JOSEPH A. UBERUAGA, II 1111 W JEFFERSON SUITE 530 BOISE ID 83702 | | | |
| | | | | 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 | |
| TREASURER | BRANDON WILDING | 2312 N. COLE RD. SUITE B | BOISE | ID | USA | 83704-7364 | |
| SECRETARY | JIM DAVIDSON | 2312 N. COLE RD. SUITE B | BOISE | ID | USA | 83704-7364 | |
| PRESIDENT | PO HUANG | 2312 N. COLE RD. SUITE B | BOISE | ID | USA | 83704-7364 | |
| 5. Organized Under the Laws of: ID C 50300 | | 6. Annual Report must be signed.* Signature: Thomas Peterson Name (type or print): Thomas Peterson | | | | | |
| Date: 09/25/2009 Title: CEO/Executive Director | | | | | | | |
| Processed 09/25/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | | |