| No. C 114368 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Due no later than Mar 31, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. EMERGENCY MEDICINE OF IDAHO, P.A. ALLAN R BOSCH PO BOX 2598 BOISE ID 83701-2598 | | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) ALLAN R BOSCH 205 N 10TH ST 4TH FL BOISE ID 83702 3. New Registered Agent Signature:* | | | |
|--|-----------------------------|--|-------------------------------------|--------------------------|---|---------|-------------|--|
| | | | | 205 N 10TH BOISE ID 8 | | | | |
| 4. Corporations: Enter N | Names and Busin | ess Addresses of Preside | nt, Secretary, and Directors. Treas | urer (optional). | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| DIRECTOR | NATHAN ANDREW | | 13960 W. WAINWRIGHT | BOISE | ID | USA | 83713 | |
| DIRECTOR | DAVID JOHNSON, MD | | 13960 W. WAINWRIGHT | BOISE | ID | USA | 83713 | |
| SECRETARY | CHRISTOPHER A GNADINGER, MD | | 13960 W. WAINWRIGHT | BOISE | ID | USA | 83713-1969 | |
| PRESIDENT | NEERAJ SONI, MD | | 13960 W. WAINWRIGHT | BOISE | ID | USA | 83713-1969 | |
| DIRECTOR | JOACHIM G FRANKLIN, MD | | 13960 W. WAINWRIGHT | BOISE | ID | USA | 83713-1969 | |
| DIRECTOR | STEVEN R WYMAN, MD | | 13960 W. WAINWRIGHT | BOISE | ID | USA | 83713-1969 | |
| DIRECTOR | GENE CORSON, MD | | 13960 W. WAINWRIGHT | BOISE | ID | USA | 83713-1969 | |
| DIRECTOR | CHUCK WASHINGTON, MD | | 13960 W. WAINWRIGHT | BOISE | ID | USA | 83713-1969 | |
| DIRECTOR | MARLIN TRAINER, MD | | 13960 W. WAINWRIGHT | BOISE | ID | USA | 83713-1969 | |
| DIRECTOR | R KEVIN TIMMEL, MD | | 13960 W. WAINWRIGHT | BOISE | ID | USA | 83713-1969 | |
| DIRECTOR | KENDALL RADER, MD | | 13960 W. WAINWRIGHT | BOISE | ID | USA | 83713-1969 | |
| DIRECTOR | J. GARY BRA | NDECKER, MD | 13960 W. WAINWRIGHT | BOISE | ID | USA | 83713-1969 | |
| 5. Organized Under the Laws of: 6. Annual Report mus | | oe signed.* | | | | | | |
| ID | | Signature: Susan Coats | | Date | Date: 02/25/2016 | | | |
| C 114368 | | Name (type or print): Susan Coats | | Title | Title: Client Specialist | | | |
| Processed 02/25/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | | | |