

No. C 100683		Due no later than Jan 31, 2012		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:		6. Annual Report must be signed.*					
ID C 100683		Signature: Joe Anderson				Date: 12/20/2011	
		Name (type or print): Joe Anderson				Title: President	
Processed 12/20/2011		* Electronically provided signatures are accepted as original signatures.					