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| No. C 100683 | | Due no later than Jan 31, 2012 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: 12/20/2011 Title: President | | | | | |
| Processed 12/20/2011 * Electronically provided signatures are accepted as original signatures. | | | | | | | |