No. C 193208		Due no later than Dec 31, 2016		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. HIGH DESERT EMERGENCY PHYSICIANS, INC. 439 SPRING MEADOWS DR. IDAHO FALLS ID 83404		439 SPRING M IDAHO FALLS	JERRY SMEDLEY 439 SPRING MEADOW DR IDAHO FALLS ID 83404 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		ess Addresses of I	President, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
	REBECCA J SMEDLEY JERRY B SMEDLEY		439 SPRING MEADOWS DR. 439 SPRING MEADOWS DR	IDAHO FALLS IDAHO FALLS	ID ID	USA USA	83404 83404	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 193208		Signature: jbsmedley		D	Date: 11/04/2016			
		Name (type or print): jbsmedley		Title: president				
Processed 11/04/2016	* Electronically provided signatures are accepted as original signatures.							