No. C 50300		Due no later than Oct 31, 2013	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form Joseph A. Uberuaga, II					
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	IDAH(CATH	1. Mailing Address: Correct in this box if needed. IDAHO EMERGENCY PHYSICIANS, P.A. CATHERINE MUMM 2963 E. COPPER POINT DRIVE MERIDIAN ID 83642-9056 USA		1111 W JEFFERSON SUITE 530 BOISE ID 83702 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DAT	USA						
4. Corporations: Enter Names a	nd Business Addre	esses of President, Secretary, and Directors. Treasurer	(optional).				
Office Held Nam	e	Street or PO Address	City	State	Country	Postal Code	
	N P EPPERSON NDON WILDING	2963 E. COPPER POINT DRIVE 2963 E. COPPER POINT DRIVE	MERIDIAN MERIDIAN	ID ID	USA USA	83642-9056 83642-9056	
5. Organized Under the Laws o	f: 6. Annu	6. Annual Report must be signed.*					
ID	Signa	Signature: Catherine Mumm Date: 08/12/2013					
C 50300	Name	Name (type or print): Catherine Mumm Title: Accountant					
Processed 08/12/2013	* Electro	* Electronically provided signatures are accepted as original signatures.					