No. C 114368		Due no later than Mar 31, 2013		2. Registered A	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		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		205 N 10TH	ALLAN R BOSCH 205 N 10TH ST 4TH FL BOISE ID 83702 USA 3. New Registered Agent Signature:*			
				J. <u>New</u> Register				
4. Corporations: Enter Na	mes and Busin	ess Addresses of Preside	ent, Secretary, and Directors. Trea	asurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	KENNY BRAMWELL		13960 W. WAINWRIGHT	BOISE	ID	USA	83713-1969	
DIRECTOR	TAD COWLEY, MD		13960 W. WAINWRIGHT	BOISE	ID	USA	83713-1969	
DIRECTOR	MARLIN TRAINER, MD		13960 W. WAINWRIGHT	BOISE	ID	USA	83713-1969	
DIRECTOR	KEVIN TIMMEL, MD		13960 W. WAINWRIGHT	BOISE	ID	USA	83713-1969	
DIRECTOR	DOUG KARTEL, MD		13960 W. WAINWRIGHT	BOISE	ID	USA	83713-1969	
DIRECTOR	STUART E CLIVE, MD		13960 W. WAINWRIGHT	BOISE	ID	USA	83713-1969	
DIRECTOR	BRADLEY E	CHATLIN, MD	13960 W. WAINWRIGHT	BOISE	ID	USA	83713-1969	
DIRECTOR	CHRISTOPHE	R A GNADINGER, MD	13960 W. WAINWRIGHT	BOISE	ID	USA	83713-1969	
PRESIDENT	NEERAJ SON	II, MD	13960 W. WAINWRIGHT	BOISE	ID	USA	83713-1969	
DIRECTOR		HULQUIST, MD	13960 W. WAINWRIGHT	BOISE	ID	USA	83713-1969	
DIRECTOR	STEVEN R \	and the second s	13960 W. WAINWRIGHT	BOISE	ID	USA	83713-1969	
DIRECTOR	DAVID P HIG	GHTOWER, MD	13960 W. WAINWRIGHT	BOISE	ID	USA	83713-1969	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 114368		Signature: Tera Rose		Date:	Date: 01/18/2013			
		Name (type or print): Tera Rose		Title:	Title: Client Specialist			
Processed 01/18/2013		* Electronically provided	I signatures are accepted as origir	nal signatures.				