| No. C 163827 | | Due no later than Dec 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO EM-I MEDICAL SERVICES, P.C. CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 | | CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA 3. New Registered Agent Signature:* | | | |
| RECEIVED BY DUE DATE | | | | | | | |
| 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 | M. JEFFREY | SLEPIN, M.D. | 6200 S. SYRACUSE WAY STE 200 | GREENWOOD VILLAGE | СО | USA | 80111 |
| SECRETARY | M. JEFFREY | SLEPIN, M.D. | 6200 S. SYRACUSE WAY STE 200 | GREENWOOD VILLAGE | СО | USA | 80111 |
| TREASURER | M. JEFFREY | SLEPIN, M.D. | 6200 S. SYRACUSE WAY STE 200 | GREENWOOD VILLAGE | СО | USA | 80111 |
| 5. Organized Under the Laws of: | | 6. Annual Report mu | | | | | |
| ID | | Signature: M. Jeff | | Date: 11/15/2012 | | | |
| C 163827 | | Name (type or print): M. Jeffrey Slepin, M.D. | | | Title: President | | |
| Processed 11/15/2012 * Electronically provided signatures are accepted as original signatures. | | | | | | | |