

No. C 77245		Due no later than November 30, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address - Correct in this box if applicable  FAMILY EMERGENCY CENTER WEST, P.A. P. JEFFREY THOMPSON, M.D. 250 SO. SKYLINE DR.		P. JEFFREY THOMPSON, M.D. 1995 E. 17TH ST.  IDAHO FALLS, ID 83404		
NO FILING FEE IF RECEIVED BY DUE DATE		IDAHO FALLS, ID 83402		3. New Registered Agent Signature		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors						
Office held	Name	Street or P.O. Address	City	State	Zip	
President	P Jeffrey Thompson	1995 E 17th	Idaho Falls	Id	83404	
Secretary	Roger S. Brant	✓ ✓	✓	✓	✓	
Directors	Roger S. Brant	✓ ✓	✓	✓	✓	
	Barton E Brower	✓ ✓	✓	✓	✓	
	P Jeffrey Thompson	✓ ✓	✓	✓	✓	
5. Organized Under the Laws of:		6.				
IDAHO C 77245		Signature <u>No Answer was</u> Date <u>11-26-2003</u> Name (Type or Printed) <u>Barton E Brower MD</u> Title <u>Director</u>				