

No. <b>C 180948</b>		<b>Due no later than Nov 30, 2011</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  INJURY CARE EMERGENCY MEDICAL SERVICES, P.C. RICHARD RADNOVICH 4850 N ROSEPOINT WY STE 100 BOISE ID 83713		RICHARD RADNOVICH 4850 N ROSEPOINT WY STE 100 BOISE ID 83713			
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	RICHARD RADNOVICH	4850 N ROSEPOINT WAY STE 100	BOISE	ID	USA	83713	
5. Organized Under the Laws of:  <b>ID</b> <b>C 180948</b>		6. Annual Report must be signed.*  Signature: Richard Radnovich Name (type or print): Richard Radnovich					
		Date: 10/28/2011 Title: President					
Processed 10/28/2011      * Electronically provided signatures are accepted as original signatures.							