No. **W 84817**	**Due no later than Jun 30, 2013** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** BENNETT MOUNTAIN EMERGENCY PHYSICIANS, LLC DENNIS DAN CROSSLEY PO BOX 1019 MOUNTAIN HOME ID 83647 USA	CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	KARL OLSON	P.O. BOX 1019	MOUNTAIN HOME	ID	USA	83647
MANAGER	DENNIS DAN CROSSLEY	2170 BELL COUNTRY CT.	MOUNTAIN HOME	ID	USA	83647

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 84817**	Signature: D. Dan Crossley	Date: 07/09/2013
	Name (type or print): D. Dan Crossley	Title: Manager

Processed 07/09/2013

* Electronically provided signatures are accepted as original signatures.