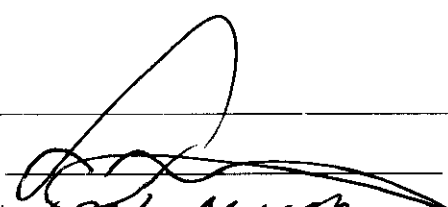


No. W 7267	Due no later than Nov 30, 2000		2. Registered Agent and Office NO PO BOX										
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form 1. Mailing Address - Correct in this box, if applicable MOSCOW EMERGENCY PHYSICIANS, PLLC LON G MILLER, M.D. 2609 WILDROSE DR MOSCOW, ID 83843		LON G MILLER, M.D. 2609 WILDROSE DR MOSCOW, ID 83843 3. <u>New</u> Registered Agent Signature										
	4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MBR</td> <td>LON MILLER MD</td> <td>1141 PARADISE RIDGE ROAD</td> <td>MOSCOW</td> <td>ID</td> <td>83843</td> </tr> </tbody> </table>		<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	MBR	LON MILLER MD	1141 PARADISE RIDGE ROAD	MOSCOW	ID
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MBR	LON MILLER MD	1141 PARADISE RIDGE ROAD	MOSCOW	ID	83843								
5. Organized Under the Laws of: IDAHO W 7267	6. Signature  Date <u>10/6/00</u> Title: <u>MBR</u> Name (Typed or Printed) <u>LON MILLER</u>												

Issued 09/04/2000

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