No. C 119569		Due no later than May 31, 2018		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. PHYSICIAN ASSISTANTS EMERGENCY MEDICINE, P.A. JAY U. BLACKSHER PO BOX 476 GOODING ID 83330		JAY BLACKSHER 1850 ELMWOOD ROAD GOODING ID 83330 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
2000 000 00		ess Addresses of Pro	esident, Secretary, and Directors. Trea	asurer (Clata	C	D+-1 C1-
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
SECRETARY PRESIDENT	IAN KUNZ JAY U. BLAG	CKSHER	P.O. BOX 476 P.O. BOX 476		GOODING GOODING	ID ID	USA USA	83330 83330
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Jay U. Blacksher			Date: 03/28/2018			
C 119569		Name (type or print): Jay U. Blacksher			Title: President			
Processed 03/28/2018		* Electronically provided signatures are accepted as original signatures.						