

No. <b>W 93672</b>		Due no later than May 31, 2016 <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> INTERMOUNTAIN EMERGENCY PHYSICIANS, PLLC BRYAN D SMITH 414 SHOUP AVE IDAHO FALLS ID 83402		BRYAN D SMITH 414 SHOUP AVE IDAHO FALLS ID 83402			
				3. <u>New</u> 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	
MEMBER	JOSEPH M. ANDERSON	2680 CHANNING WAY	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:  <b>ID W 93672</b>		6. Annual Report must be signed.* Signature: Bryan D. Smith Name (type or print): Bryan D. Smith					
		Date: 03/21/2016 Title: Registered Agent					
Processed 03/21/2016		* Electronically provided signatures are accepted as original signatures.					