No. <b>W 159260</b>		Due no later than Dec 31, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		CORPORATION SERVICE COMPANY				
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.		12550 W EXPLORER DR STE 100 BOISE ID 83713				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	PEBBLE CREEK EMERGENCY PHYSICIANS, PLLC C/O CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100						
	BOISE ID 83713		3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE							
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 JOSEPH H	. GATEWOOD, M.D.	6363 S. FIDDLER'S GREEN CIRCLE SUITE 1400	GREENWOOD VILLAGE	CO	USA	80111	
5. Organized Under the Laws of:	6. Annual Report mus	6. Annual Report must be signed.*					
ID	Signature: JOSEPH H. GATEWOOD, M.D.		Date: 11/21/2017				
W 159260	Name (type or print): JOSEPH H. GATEWOOD, M.D.		Title: AUTHORIZED PERSON				
Processed 11/21/2017	* Electronically provided signatures are accepted as original signatures.						