

No. C 163827		Due no later than Dec 31, 2017		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO EM-I MEDICAL SERVICES, P.C. 6363 S. FIDDLERS GREEN CIRCLE SUITE 1400 GREENWOOD VILLAGE CO 80111		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	M. JEFFREY SLEPIN, M.D.	6363 S. FIDDLERS GREEN CIRCLE SUITE 1400	GREENWOOD VILLAGE	CO	USA	80111
SECRETARY	M. JEFFREY SLEPIN, M.D.	6363 S. FIDDLERS GREEN CIRCLE SUITE 1400	GREENWOOD VILLAGE	CO	USA	80111
TREASURER	M. JEFFREY SLEPIN, M.D.	6363 S. FIDDLERS GREEN CIRCLE SUITE 1400	GREENWOOD VILLAGE	CO	USA	80111
DIRECTOR	M. JEFFREY SLEPIN, M.D.	6363 S. FIDDLERS GREEN CIRCLE SUITE 1400	GREENWOOD VILLAGE	CO	USA	80111
5. Organized Under the Laws of: ID C 163827		6. Annual Report must be signed.* Signature: M. JEFFREY SLEPIN, M.D. Name (type or print): M. JEFFREY SLEPIN, M.D. Date: 11/21/2017 Title: AUTHORIZED PERSON				
Processed 11/21/2017		* Electronically provided signatures are accepted as original signatures.				