

No. W 84817	Due no later than Jun 30, 2010 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. BENNETT MOUNTAIN EMERGENCY PHYSICIANS, LLC KARL OLSON PO BOX 1019 MOUNTAIN HOME ID 83647 USA		CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702 USA			
			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
MANAGER	KARL OLSON	P.O. BOX 1019	MOUNTAIN HOME	ID	USA	83647
MANAGER	DENNIS DAN CROSSLEY	2170 BELL COUNTRY CT.	MOUNTAIN HOME	ID	USA	83647
5. Organized Under the Laws of: ID W 84817	6. Annual Report must be signed.* Signature: D. Dan Crossley Name (type or print): D. Dan Crossley		Date: 05/13/2010 Title: Manager			
Processed 05/13/2010		* Electronically provided signatures are accepted as original signatures.				