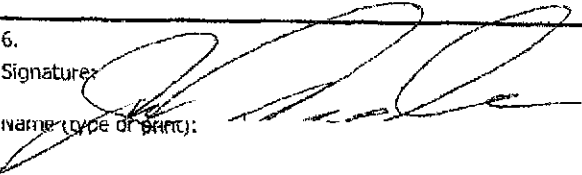


C 100683

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No. C 100683 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 04/21/2015 1. Mailing Address: Correct in this box if needed. ROCKY MOUNTAIN EMERGENCY MEDICINE, P.A. JOE ANDERSON 1820 E 17TH ST STE 200 IDAHO FALLS ID 83402		2. Registered Agent and Office (NOT A P.O. BOX) JOSEPH M ANDERSON D.O. 4581 S 45TH EAST IDAHO FALLS ID 83406 3. <u>New</u> Registered Agent Signature.													
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Joe Anderson</td> <td>4126 S. 45th E.</td> <td>Idaho Falls,</td> <td>ID</td> <td>USA</td> <td>83406</td> </tr> </tbody> </table>			Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Joe Anderson	4126 S. 45th E.	Idaho Falls,	ID	USA	83406
Office Held	Name	Street or PO Address	City	State	Country	Postal Code										
President	Joe Anderson	4126 S. 45th E.	Idaho Falls,	ID	USA	83406										
5. Organized Under the Laws of: IDAHO C 100683 C100683	6. Signature:  Name (type or print): _____ Date: 12/23/16 Title: _____															

Issued 12/23/2016 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM