

No. C 64275		Due no later than Jul 31, 2014		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. LEWISTON EMERGENCY PHYSICIANS, CHARTERED JAY HUNTER 123 SOUTH POLK MOSCOW ID 83843		JAY HUNTER 123 SOUTH POLK MOSCOW ID 83843		
				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
DIRECTOR	STEPHEN KESSINGER	415 6TH ST.	LEWISTON	ID	USA	83501
DIRECTOR	NORMAN BAKER	1750 ARBORCREST ROAD	MOSCOW	ID	USA	83843
DIRECTOR	PATRICK KLEMPER	POI BOX 86	LEWISTON	ID	USA	83501
DIRECTOR	MATTHEW LYSNE	RT. 1, BOX 69A	JUILETTA	ID	USA	83501
PRESIDENT	JAY HUNTER	123 S POLK	MOSCOW	ID	USA	83843
5. Organized Under the Laws of: ID C 64275		6. Annual Report must be signed.* Signature: Jay Hunter Name (type or print): Jay Hunter Date: 06/10/2014 Title: President				
Processed 06/10/2014		* Electronically provided signatures are accepted as original signatures.				