No. <b>W 129207</b>		Due no later than Sep 30, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.					
		BEST OF SOUTHEAST IDAHO EMERGENCY PHYSICIANS, PLLC 1A BURTON HILLS BLVD NASHVILLE TN 37215					
NO FILING FEE IF RECEIVED BY DUE DATE		3. <u>New</u> Registered Agent Sig		ignature:*			
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
I MEMBER	IBER PREMIER EMERGEN CY PHYSICI. OF IDAHO MEDICAL GROUP, P.C.		1A BURTON HILLS BLVD	NASHVILLE	TN	USA	37215
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Craig A Wilson		Date: 08/15/2018			
W 129207		Name (type or print): Craig A Wilson		Title: Authorized Person			
rocessed 08/15/2018 * Electronically provided signatures are accepted as original signatures.							