

No. <b>C 163826</b>		Due no later than Dec 31, 2006		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  INPATIENT SERVICES OF IDAHO, P.C. IDAHO EM-I MEDICIAL SERVICE PC 1717 MAIN ST STE 5200 DALLAS TX 75201		CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702			
				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.	1717 MAIN STREET SUITE 5200	DALLAS	TX	USA	75201	
SECRETARY	M. JEFFREY SLEPIN, M.D.	1717 MAIN STREET SUITE 5200	DALLAS	TX	USA	75201	
DIRECTOR	M. JEFFREY SLEPIN, M.D.	1717 MAIN STREET SUITE 5200	DALLAS	TX	USA	75201	
5. Organized Under the Laws of:  <b>IDAHO C 163826</b>		6. Annual Report must be signed.* Signature: M. JEFFREY SLEPIN, M.D. Date: 02/02/2007 Name (type or print): M. JEFFREY SLEPIN, M.D. Title: DIRECTOR, PRES. AND SEC.					
Processed 02/02/2007		* Electronically provided signatures are accepted as original signatures.					