

No. C 100683

Due no later than January 31, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

ROCKY MOUNTAIN EMERGENCY MEDICINE,
1820 E 17TH ST
IDAHO FALLS, ID 83402

JOSEPH M ANDERSON D.O.
4581 S 45TH EAST
IDAHO FALLS, ID 83406

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
<i>President</i>	<i>Joe Anderson</i>	<i>4581 S. 45th E.</i>	<i>Idaho Falls</i>	<i>ID</i>	<i>83406</i>

5. Organized Under the Laws of:

IDAHO
C 100683

6.

Signature

Date

Name (Typed or Printed)

Title