

No. C 163827		Due no later than Dec 31, 2014 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. IDAHO EM-I MEDICAL SERVICES, P.C. LYNNE LIKO 6200 S SYRACUSE WAY SUITE 200 GREENWOOD VILLAGE CO 80111 USA		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE 83713			
						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.	6200 S. SYRACUSE WAY STE 200	GREENWOOD VILLAGE	CO	USA	80111	
SECRETARY	M. JEFFREY SLEPIN, M.D.	6200 S. SYRACUSE WAY STE 200	GREENWOOD VILLAGE	CO	USA	80111	
TREASURER	M. JEFFREY SLEPIN, M.D.	6200 S. SYRACUSE WAY STE 200	GREENWOOD VILLAGE	CO	USA	80111	
DIRECTOR	M. JEFFREY SLEPIN, M.D.	6200 S. SYRACUSE WAY STE 200	GREENWOOD VILLAGE	CO	USA	80111	
5. Organized Under the Laws of: ID C 163827		6. Annual Report must be signed.* Signature: M. JEFFREY SLEPIN, M.D. Name (type or print): M. JEFFREY SLEPIN, M.D.					
		Date: 12/24/2014 Title: PRESIDENT					
Processed 12/24/2014		* Electronically provided signatures are accepted as original signatures.					