| No. C 107340 Return to:  | Due no later than August 31, 2006 Annual Report Form  | 2. Registered Agent and Office NO PO BOX   |
|--|---|--|
| SECRETARY OF STATE   | Mailing Address - Correct in this box, if applicable  | RAYMOND C ST. JOHN   |
| 700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080                                 | WEST VALLEY EMERGENCY PHYSICIANS, P<br>DIANE TURNER<br>1110 N FIVE MILE RD<br>BOISE, ID 83713 | 1717 ARLINGTON<br>CALDWELL, ID 83605   |
| NO FILING FEE IF   |   | 3. New Registered Agent Signature  |
| RECEIVED BY DUE DATE   |   |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. |   |  |
| Office held Name   | Street or P.O. Address City   | State Zip  |
| President Wm. B  | Sield   | <u> </u>   |
| Vice Pres. John 1  | Mullins & Same as about   | Le Company of the Com |
| Secretary Diane  | Turner  |  |
| 0  |   |  |
|  |   |  |
| 5. Organized Under the Laws of:  | 6.  |  |
| IDAHO  | Signature   | Date 6/8/06  |
| C 107340   | Name (Typed or  |  |
| Issued 06/01/2006  | Do Not Tape or Staple   | 200608005776   |