

No. C 124360		Due no later than Jun 30, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. EMERGENCY MEDICINE PHYSICIAN ASSISTANTS, INC. JAMES U BLACKSHER III 637 PINE ST GOODING ID 83330		JAMES U BLACKSHER III 637 PINE ST GOODING ID 83330			
				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	
SECRETARY	IAN KUNZ	P.O. BOX 476	GOODING	ID	USA	83330	
PRESIDENT	JAY U. BLACKSHER	P.O. BOX 476	GOODING	ID	USA	83330	
5. Organized Under the Laws of: ID C 124360		6. Annual Report must be signed.* Signature: James U. Blacksher Name (type or print): James U. Blacksher Date: 04/30/2016 Title: President					
Processed 04/30/2016		* Electronically provided signatures are accepted as original signatures.					