No. **C 64275**	**Due no later than Jul 31, 2013** **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.** LEWISTON EMERGENCY PHYSICIANS, CHARTERED JAY HUNTER 123 SOUTH POLK MOSCOW ID 83843	JAY HUNTER 123 SOUTH POLK MOSCOW ID 83843 3. New 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
DIRECTOR	PATRICK KLEMPEL	POI BOX 86	LEWISTON	ID	USA	83501
DIRECTOR	MATTHEW LYSNE	RT. 1, BOX 69A	JUILETTA	ID	USA	83501
DIRECTOR	DAVID KENDRICK	1131 30TH ST.	LEWISTON	ID	USA	83501
DIRECTOR	BRIAN HOCUM	2626 RIVERSIDE DR.	CLARKSTON	WA	USA	99403
PRESIDENT	JAY HUNTER	123 S POLK	MOSCOW	ID	USA	83843

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 64275**	Signature: Jh	Date: 05/28/2013
	Name (type or print): Jh	Title: President

Processed 05/28/2013

* Electronically provided signatures are accepted as original signatures.