No. C 119569		Due no later than May 31, 2010		2. Registered Agent and Address (NO PO BOX)							
Return to:		Annual Report Form		JAY BLACKSHER 637 PINE GOODING ID 83330							
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. PHYSICIAN ASSISTANTS EMERGENCY MEDICINE, P.A. JAY U. BLACKSHER PO BOX 476 GOODING ID 83330 USA									
								3. <u>New</u> Registered Agent Signature:*			
				4. Corporations: Enter N	Names and Busin	ess Addresses of President, S	ecretary, and Directors. Treasurer				
				Office Held	Name	Str	eet or PO Address	City	State	Country	Postal Code
SECRETARY	IAN KUNZ		. BOX 476	GOODING	ID	USA	83330				
PRESIDENT JAY U. BLAC		CKSHER P.O	. BOX 476	GOODING	ID	USA	83330				
5. Organized Under the Laws of:		6. Annual Report must be signed.*									
ID C 119569		Signature: JamesU. Blacksher				Date: 03/18/2010					
		Name (type or print): Jam	Title: President								
Processed 03/18/2010		* Electronically provided signatures are accepted as original signatures.									