| No. W 172201 | | Due no later than Sep 30, 2018 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|--|--|--|-------|---------|-------------|
| Return to: | | Annual Report Form | | GIVENS PURSLEY CORPORATE SERVI 601 W BANNOCK ST BOISE ID 83702 | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. | | | | | |
| | | EMERGENCY MEDICAL PLAZAS OF IDAHO, LLC STEPHANIE C. WESTERMEIER 1055 N CURTIS RD BOISE ID 83706 | | | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Limited Liability Compar | nies: Enter Nar | mes and Addresses of at | least one Member or Manager. | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code |
| MEMBER | EMERUS INVESTMENT COMPANY VI LLC | | ^{II,} 8686 NEW TRAILS DRIVE SUITE 100 | THE WOODLANDS | ТХ | USA | 77381 |
| MEMBER | SAINT ALPHONSUS DIVERSIFIED CARE, INC. | | 1055 N. CURTIS ROAD | BOISE | ID | USA | 83706 |
| | | | | | | | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 172201 | | Signature: Cori Barrera | | Date: 08/20/2018 | | | |
| | | Name (type or print): Cori Barrera | | Title: Legal Assistant | | | |
| Processed 08/20/2018 | ssed 08/20/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | |