

No. W 115736	Due no later than Jul 31, 2018 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. AFFORDABLE EMERGENCY MEDICINE SOLUTIONS PLLC DAVID E WHITE 279 CLIFF LANE SPRING CREEK NV 89815		DAVID E WHITE 2302 CANYON ROAD SOUTH MELBA ID 83641			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	DAVID E WHITE	2302 CANYON RD. SOUTH	MELBA	ID	USA	83641
MANAGER	TRACIE S WHITE	279 CLIFF LANE	SPRING CREEK	NV	USA	89815
5. Organized Under the Laws of: ID W 115736	6. Annual Report must be signed.* Signature: David E. White Name (type or print): David E. White		Date: 08/14/2018 Title: President			
Processed 08/14/2018		* Electronically provided signatures are accepted as original signatures.				