

No. W 2779		Due no later than Aug 31, 2014		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. ROCKY MOUNTAIN EMERGENCY PHYSICIANS, L.L.C. RANDALL S FOWLER, MD 777 HOSPITAL WAY DEPT. OF EMERGENCY MEDICINE POCATELLO ID 83201-5175 USA		RANDALL S FOWLER MD C/O PORTNEUF MEDICAL CENTER 777 HOSPITAL WAY DEPT. OF EMERGENCY MEDICINE POCATELLO ID 83201-5175			
				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	
MEMBER	KURTIS R HOLT, MD	777 HOSPITAL WAY	POCATELLO	ID	USA	83201	
MANAGER	KERI L FOWLER	777 HOSPITAL WAY/ER DEPT.	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: ID W 2779		6. Annual Report must be signed.* Signature: Keri L. Fowler Name (type or print): Keri L. Fowler Date: 07/21/2014 Title: Financail Officer					
Processed 07/21/2014		* Electronically provided signatures are accepted as original signatures.					