

No. W 158619		Due no later than Nov 30, 2016 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		1. Mailing Address: Correct in this box if needed. HOSPITAL WAY EMERGENCY PHYSICIANS, PLLC 6363 S. FIDDLERS GREEN CIRCLE SUITE 1400 DENVER CO 80111		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
NO FILING FEE IF RECEIVED BY DUE DATE				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	IDAHO EM-I MEDICAL SERVICES, P.C.	6363 S. FIDDLERS GREEN CIRCLE SUITE 1400		GREENWOOD VILLAGE	CO	USA	80111
5. Organized Under the Laws of: ID W 158619		6. Annual Report must be signed.* Signature: MARK JEFFREY SLEPIN M.D. Name (type or print): MARK JEFFREY SLEPIN M.D. Date: 11/11/2016 Title: AUTHORIZED PERSON					
Processed 11/11/2016		* Electronically provided signatures are accepted as original signatures.					