

No. C 94744	Annual Report Form <i>Due No Later Than November 30, 1996</i>	2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct EMERGENCY MEDICINE GROUP, P. P O BOX 41	NEIL FARRIS 921 SCOTTS AVE NAMPA ID 83651
* FIRST NOTICE *	NAMPA ID 83653	3. Organized Under the Laws of: ID C 94744

4. Corporations: Enter Names and Addresses of President, Secretary and Directors
Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
Pres	Neil Farris	921 Scotts Ave	Nampa	ID	83651
Sec	Michael W. Carter	10094 W. Edna	Boise	ID	83704
Dir	Gray Walsh	7713 Spring Dr.	Nampa	ID	83686
Dir	Mark Thomas	3640 W. Woodmont	Meridian	ID	83642
Dir	STAN MCCART	2405 Alder	Caldwell	ID	83605

5. NATURE OF BUSINESS EMERGENCY ROOM MEDICAL SERVICES	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.
	Signature <u><i>Neil Farris</i></u> Date <u>7/15/96</u> Name <small>(Type or Print)</small> <u>Neil Farris</u> Title <u>President</u>

ISSUED: 07-06-1996

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