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| No. W 30027 | | Due no later than Apr 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 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. MAGIC VALLEY PARAMEDICS, L.L.C. PO BOX 409 TWIN FALLS ID 83303-0409 | | JAMES L ANGLE 801 POLE LINE RD W TWIN FALLS ID 83301 | | 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 | ST LUKES MAGIC VALLEY REGIONAL MEDICAL CENTER LTD | PO BOX 409 | TWIN FALLS | ID | | 83303-0409 | |
| 5. Organized Under the Laws of: ID W 30027 | | 6. Annual Report must be signed.* Signature: Blaine Patterson Name (type or print): Blaine Patterson | | | | | |
| Processed 02/22/2016 | | Date: 02/22/2016 Title: Director of EMS | | | | | |
| * Electronically provided signatures are accepted as original signatures. | | | | | | | |