

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		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			
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	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 Date: 02/22/2016 Title: Director of EMS					
Processed 02/22/2016		* Electronically provided signatures are accepted as original signatures.					