No. C 207879				2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		10 2000 10000 20000 20000 20000	TRAVIS M KUNZ, CPA 19 S STATE ST PRESTON ID 83263			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.		4.				
		MONROE EMERGENCY SERVICES P.C. TRAVIS M KUNZ, CPA 19 S STATE ST PRESTON ID 83263 USA						
				3. <u>New</u> Register	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter	Names and Busir	ness Addresses of P	resident, Secretary, and Directors. Trea	asurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	JEREMY MC	NROE	2880 HILLVIEW DR	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 207879		Signature: TRA		Date: 09/18/2017				
		Name (type or		Title: CPA				
Processed 09/18/2017		* Electronically provided signatures are accepted as original signatures.						