

No. <b>W 25158</b>		<b>Due no later than Jul 31, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  COEUR D'ALENE FLIGHT MEDICINE, PLLC MARK E MANTEUFFEL 2841 CESSNA AVE HAYDEN LAKE ID 83835		MARK E MANTEUFFEL 16874 N MORGAN LN HAYDEN LAKE ID 83835			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name MARK E MANTEUFFEL	Street or PO Address 16874 N. MORGAN LANE		City HAYDEN	State ID	Country USA	Postal Code 83835
5. Organized Under the Laws of:  <b>ID</b> <b>W 25158</b>		6. Annual Report must be signed.*  Signature: Mark Manteuffel.M.D. Name (type or print): Mark Manteuffel.M.D.  Date: 05/17/2014 Title: Sole Member					
Processed 05/17/2014      * Electronically provided signatures are accepted as original signatures.							