

No. <b>W 25158</b>		<b>Due no later than Jul 31, 2014</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <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			
				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	MARK E MANTEUFFEL	16874 N. MORGAN LANE	HAYDEN	ID	USA	83835	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 25158</b>		Signature: Mark Manteuffel.M.D.				Date: 05/17/2014	
		Name (type or print): Mark Manteuffel.M.D.				Title: Sole Member	
Processed 05/17/2014		* Electronically provided signatures are accepted as original signatures.					