

7/27/2015

W 30027

No. W 30027		Reinstatement Annual Report Form ADMIN DISSOLVED 07/21/2015		2. Registered Agent and Office (NOT A P.O. BOX) JAMES L ANGLE 801 POLE LINE RD W TWIN FALLS ID 83301	
Return to: SECRETARY OF STATE 450 N 4th STREET 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		3. <u>New</u> Registered Agent Signature.	
REINSTATEMENT FEE DUE: \$30.00					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
Manager or Member		Name		Street or PO Address City State Country Postal Code	
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>		BLAINE PATTERSON		801 POLE LINE RD W TWF ID 83301	
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of:		6.			
IDAHO W 30027		Signature: <u>Blaine Patterson</u>		Date: <u>7/27/15</u>	
		Name (type or print): <u>BLAINE PATTERSON</u>		Title: <u>DIRECTOR of EMS</u>	
Issued 07/27/2015 by online					

INSTRUCTIONS FOR THE TRACU ANNUAL REPORT FORM