

No. W 81600		Due no later than Feb 28, 2014		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		FRANK REISER MD 700 S MAIN STREET MOSCOW ID 83843	
		1. Mailing Address: Correct in this box if needed. ACTION EMERGENCY MEDICAL SERVICES, PLLC FRANK A REISER PO BOX 9391 MOSCOW ID 83843 USA		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	FRANK A REISER	1054 TERRA DRIVE	MOSCOW	ID	USA 83843-8384
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
ID W 81600		Signature: Frank Reiser		Date: 12/19/2013	
		Name (type or print): Frank Reiser		Title: Member	
Processed 12/19/2013		* Electronically provided signatures are accepted as original signatures.			