

No. W 60405		Due no later than Mar 31, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. EMERGENCY RESPONDERS HEALTH CENTER, LLC ROBERT J HILVERS PO BOX 44828 BOISE ID 83711-0828		ROBERT J HILVERS 9260 W. BEACHSIDE LN BOISE ID 83714		
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*		
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held MANAGER	Name ROBERT J HILVERS	Street or PO Address PO BOX 44828	City BOISE	State ID	Country	Postal Code 83711-0828
5. Organized Under the Laws of: ID W 60405		6. Annual Report must be signed.* Signature: Sarah Arkoosh Name (type or print): Sarah Arkoosh Date: 01/30/2018 Title: Client Specialist				
Processed 01/30/2018 * Electronically provided signatures are accepted as original signatures.						