No. **W 81600**	**Due no later than Feb 28, 2011**	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** **1. Mailing Address: Correct in this box if needed.** ACTION EMERGENCY MEDICAL SERVICES, PLLC FRANK A REISER PO BOX 9391 MOSCOW ID 83843 USA	FRANK REISER MD 1054 TERRA DR MOSCOW ID 83843 3. New 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: 12/29/2010
	Name (type or print): Frank Reiser	Title: Member

Processed 12/29/2010

* Electronically provided signatures are accepted as original signatures.