No. **W 62116**	**Due no later than Apr 30, 2015**	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.** NORTHWEST MEDICAL TRANSPORT, LLC CHARLES A GAY 101 E WALNUT AVE SUITE 303 COEUR D ALENE ID 83814 USA	REBEKAH A GAY 1713 S SADDLEBACK DR COEUR D'ALENE 83814 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	REBEKAH A GAY	4829 E WOODLAND DR	POST FALLS	ID		83854
MEMBER	CHARLES A GAY	4829 E WOODLAND DR	POST FALLS	ID		83854

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 62116**	Signature: Charles Gay	Date: 02/18/2015
	Name (type or print): Charles Gay	Title: MEMBER

Processed 02/18/2015

* Electronically provided signatures are accepted as original signatures.