No. C 125713		Due no later than Sep 30, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to:				ALETA RIES			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. LEADORE EMERGENCY VOLUNTEERS, INC. ALETA RIES PO BOX 117		401 SO RAILROAD ST LEADORE ID 83464			
NO FILING FEE IF RECEIVED BY DUE DATE		LEADORE ID 83464		3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Na	ames and Busin	ess Addresses of Preside	ent, Secretary, and Directors. Treasurer	(optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR	WARREN JO	HN	P.O. BOX 5	LEADORE	ID	USA	83464
TREASURER	ALETA M R	IES	P.O. BOX 68 401 SOUTH RAILROAD STREET	LEADORE	ID	USA	83464
DIRECTOR	RICHARD W	SNYDER	P.O. BOX 25	LEMHI	ID	USA	83465
SECRETARY	ALETA M RIES		P.O. BOX 68 401 SOUTH RAILROAD STREET	LEADORE	ID	USA	83464
PRESIDENT	MEV E PETI	ERSON	P.O. BOX 67	LEADORE	ID	USA	83464
DIRECTOR	SAMUAL D		P.O. BOX 67	LEADORE	ID	USA	83464
DIRECTOR	SHANNA L I	FOSTER	P.O. BOX 212	LEADORE	ID	USA	83464
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Aleta Ries		Date: 08/10/2016			
C 125713		Name (type or print): Aleta Ries		Title: Secretary/Treasurer			
Processed 08/10/2016		* Electronically provided	d signatures are accepted as original sign	natures.			