No. C 214270		D	ue no later than Jun 30, 2018	2. Registere	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		0.000 0000000 00000 0	JOHN GRAHAM 2439 N HIGHWOOD AVE BOISE ID 83713			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SHRIVER EMERGENCY SERVICES, PC JOHN GRAHAM 2439 N HIGHWOOD AVE		BOISE II				
NO FILING FEE IF RECEIVED BY DUE DATE		BOISE ID 83713 3. New Registered Agent Signation		gnature:*				
4. Corporations: Enter Na	ames and Busin	ess Addresses of	Fresident, Secretary, and Directors. Treasu	ırer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY PRESIDENT	JOHN W GRAHAM JONI E SHRIVER		2439 N HIGHWOOD AVE 2439 N HIGHWOOD AVE	BOISE BOISE	ID ID	USA USA	83713 83713	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 214270		Signature: john graham Name (type or print): john graham			Date: 08/01/2018 Title: SECRETARY			
Processed 08/01/2018 * Electronically provided signatures are accepted as original signatures.								