No. <b>W 81600</b>		Due no later than Feb 29, 2012			2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		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			FRANK REISER MD 1054 TERRA DR MOSCOW ID 83843  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.								N 000
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		Signature: Frank Reiser			Date: 01/17/2012			
W 81600		Name (type or print): Frank Reiser			Title: Member			
Processed 01/17/2012 * Electronically provided signatures are accepted as original signatures.								