

No. W 165508	Due no later than Apr 30, 2017 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. FIRELINE MEDICS, LLC TROY ZAKARIASEN 2305 S MAIN ST #8 MOSCOW ID 83843		TROY ZAKARIASEN 2305 S MAIN ST #8 MOSCOW ID 83843			
			3. <u>New</u> 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	KELLY ZAKARIASEN	2305 SOUTH MAIN STREET #8	MOSCOW	ID	USA	83843
5. Organized Under the Laws of: ID W 165508	6. Annual Report must be signed.* Signature: Troy Zakariasen Name (type or print): Troy Zakariasen		Date: 02/24/2017 Title: owner			
Processed 02/24/2017		* Electronically provided signatures are accepted as original signatures.				