No. **W 129020**	**Due no later than Sep 30, 2014** **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.** MEDEX PARAMEDICAL IDAHO, LLC GREG BERGHOLM 261 S MAIN SODA SPRINGS ID 83276	GREG BERGHOLM 261 S MAIN SODA SPRINGS ID 83276 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
MANAGER	GREG BERGHOLM	1699 LAVINA CIRCLE	SODA SPRINGS	ID	USA	83276

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 129020**	Signature: Greg Bergholm	Date: 09/05/2014
	Name (type or print): Greg Bergholm	Title: Manager

Processed 09/05/2014

* Electronically provided signatures are accepted as original signatures.