

No. C 79707		Due no later than Oct 31, 2011		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. LOST RIVERS EMTS, INC. ROBERT MOZES P.O. BOX 503 ARCO ID 83213		ROBERT MOZES 3320 W 3400 N MOORE ID 83255		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
TREASURER	CHERRI PEARSON	PO BOX 503	ARCO	ID	USA	83213-0503
SECRETARY	TARA PARSONS	PO BOX 503	ARCO	ID	USA	83213-0503
PRESIDENT	ROBERT MOZES	PO BOX 503	ARCO	ID	USA	83213-0503
5. Organized Under the Laws of: ID C 79707		6. Annual Report must be signed.* Signature: Robert Mozes Name (type or print): Robert Mozes Date: 11/15/2011 Title: President				
Processed 11/15/2011		* Electronically provided signatures are accepted as original signatures.				