No. <b>C 125713</b>		Annual Report Form  1. Mailing Address: Correct in this box if needed.  LEADORE EMERGENCY VOLUNTEERS, INC.  ALETA RIES PO BOX 117		2. Registered Agent and Address (NO PO BOX)  ALETA RIES  401 SO RAILROAD ST  LEADORE ID 83464  3. New Registered Agent Signature:*			
Return to:							
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE							
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR	SNYDER RAI		P.O. BOX 49	LEMHI	ID	USA	83465
DIRECTOR	JAMES B PL		P.O. BOX 38	LEMHI	ID	USA	83465
DIRECTOR	ROBERT BAT	TES	P.O. BOX 38	LEADORE	ID	USA	83464
TREASURER	ALETA M R	IES	P.O. BOX 68 401 SOUTH RAILROAD STREET	LEADORE	ID	USA	83464
DIRECTOR	RICHARD W	SNYDER	P.O. BOX 25	LEMHI	ID	USA	83465
SECRETARY	ALETA M R	IES	P.O. BOX 68 401 SOUTH RAILROAD STREET	LEADORE	ID	USA	83464
PRESIDENT	MICHAEL E RIES		P.O. BOX 68 401 SOUTH RAILROAD STREET	LEADORE	ID	USA	83464
5. Organized Under the	Laws of:	6. Annual Report must	be signed.*				
ID		Signature: Aleta Ries		Date: 07/14/2011			
C 125713		Name (type or print): Aleta Ries		Title: Secretary/Treasurer			
Processed 07/14/2011		* Electronically provided	d signatures are accepted as original sign	natures.			