

No. W 30027		Due no later than Apr 30, 2017		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. MAGIC VALLEY PARAMEDICS, L.L.C. MAGIC VALLEY PARAMEDICS, LLC. PO BOX 409 TWIN FALLS ID 83303-0409		MIKE FENNELLO 801 POLE LINE RD W TWIN FALLS ID 83301	
				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	ST LUKES MAGIC VALLEY REGIONAL MEDICAL CENTER LTD	PO BOX 409	TWIN FALLS	ID	83303-0409
5. Organized Under the Laws of: ID W 30027		6. Annual Report must be signed.* Signature: Blaine Patterson Name (type or print): Blaine Patterson Date: 02/21/2017 Title: Director of EMS			
Processed 02/21/2017		* Electronically provided signatures are accepted as original signatures.			