No. C 200251		Due	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		JOSHUA K CI	JOSHUA K CHANDLER			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. LIVEFREE EMERGENCY RESPONSE, INC. JOSHUA K CHANDLER 901 PIER VIEW DR SUITE 206 IDAHO FALLS ID 83402		IDAHO FALLS	901 PIER VIEW DR SUITE 206 IDAHO FALLS ID 83402 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Nam	nes and Busin	ess Addresses of Pr	esident, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	JOSHUA K (CHANDLER	901 PIER VIEW DR SUITE 206	IDAHO FALLS	ID		83402	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
DE C 200251		Signature: JOSI		Date: 09/17/2015				
		Name (type or p		Title: President				
Processed 09/17/2015 * Electronically provided signatures are accepted as original signatures.								