

No. C 87424		Due no later than Aug 31, 2018		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. HORSESHOE BEND EMERGENCY MEDICAL TECHNICIANS AMBULANCE, INC. LAWSON TERRI P.O. BOX 246 HORSESHOE BEND ID 83629 USA		TERRI LAWSON 112 ADA ST HORSESHOE BEND ID 83629-8362			
				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	BRANDI ELLER STIRM	P	HORSESHOE BEND	ID	USA	83629	
PRESIDENT	RINDY QUIJAS	PO BOX 246	HORSESHOE BEND	ID	USA	83629	
VICE PRESIDENT	SEVERINA DOME CORVINUS	PO BOX 246	HORSESHOE BEND	ID	USA	83629	
SECRETARY	LORI KALAC REED	PO BOX 246	HORSESHOE BEND	ID	USA	83629	
5. Organized Under the Laws of: ID C 87424		6. Annual Report must be signed.* Signature: Terri Lawson Name (type or print): Terri Lawson Date: 07/05/2018 Title: Agent					
Processed 07/05/2018		* Electronically provided signatures are accepted as original signatures.					