

No. C 87424		Due no later than Aug 31, 2014 Annual Report Form		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. HORSESHOE BEND EMERGENCY MEDICAL TECHNICIANS AMBULANCE, INC. FENTON SANDY P.O. BOX 246 HORSESHOE BEND ID 83629 USA		TERRI LAWSON 112 ADA ST HORSESHOE BEND ID 83629			
				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	
PRESIDENT	FENTON SANDY	PO BOX 246	HORSESHOE BEND	ID	USA	83629	
VICE PRESIDENT	RINDY QUIJAS	PO BOX 246	HORSESHOE BEND	ID	USA	83629	
SECRETARY	MELISSA SEIBEL	PO BOX 246	HORSESHOE BEND	ID	USA	83629	
TREASURER	PEGGY GOFF	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					
Processed 06/11/2014		Date: 06/11/2014 Title: City Treasurer					
* Electronically provided signatures are accepted as original signatures.							