FILED EFFECTIVE 2. Registered Agent and Office No. W 91137 Reinstatement Annual Report Form (NOT A P.O. BOX) ADMIN DISSOLVED 06/14/2011 Return to: SOPHIA SYPIMEWSKI SECRETARY OF STATE 818 S VISTA AVE 1. Mailing Address: Correct in this box if needed. 450 N 4th STREET **EMERGENCY RESPONSE TEAM LLC** PO BOX 83720 RO BQX 18546 BOISE, ID 83720-0080 BOISE NO 83715 818 SO VISTA AVE BOISC, IO 83705 3. New Registered Agent Signature. REINSTATEMENT FEE DUE: \$30.00 Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. **Manager or Member** Street or PO Address City State Country STAPLEY LINKOWSKI-818 SO. VISTA BOISE, ID. 83705 Manager Member Manager Member Member Manager Member Manager Member 5. Organized Under the Laws of: 6. Signature: **IDAHO** W 91137 Name (type or print): Issued 01/22/2013 by PEH