

No. <b>C 55791</b>		<b>Due no later than Jun 30, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  PRIEST LAKE EMERGENCY MEDICAL TECHNICIANS, INC. LANI MEEK 27929 HWY 57 PRIEST LAKE ID 83856		LANI MEEK 481 OUTLET BAY RD PRIEST LAKE ID 83856			
						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	
DIRECTOR	JIM KIRK	124 SHERWOOD BEACH RD	COOLIN	ID	USA	83821	
DIRECTOR	MIKE JONES	476 CLINTON AVE	COOLIN	ID	USA	83821	
DIRECTOR	INGO SCHILLER	156 ALPINE DR	PRIEST LAKE	ID	USA	83856	
PRESIDENT	GILBERT TUMEY	340 CREEKSIDE DR	PRIEST RIVER	ID	USA	83856	
VICE PRESIDENT	DOTTI LEWIS	62 TIMBER LANE	PRIEST RIVER	ID	USA	83856	
5. Organized Under the Laws of:  <b>ID</b> <b>C 55791</b>		6. Annual Report must be signed.*  Signature: LANI MEEK Name (type or print): LANI MEEK					
		Date: 06/19/2017 Title: OFFICE MANAGER					
Processed 06/19/2017		* Electronically provided signatures are accepted as original signatures.					