

No. C 87424 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 11/17/2015 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	2. Registered Agent and Office (NOT A P.O. BOX) TERRI LAWSON 112 ADA ST HORSESHOE BEND ID 83629 3. <u>New</u> Registered Agent Signature.
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Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
President	Fenton Sandy	P.O. Box 246	Horseshoe Bend	ID	USA	83629
Vice President	Quijas Rindy	P.O. Box 246	Horseshoe Bend	ID	USA	83629
Secretary	Seibel Melissa	P.O. Box 246	Horseshoe Bend	ID	USA	83629
Treasurer	Goff Peggy	P.O. Box 246	Horseshoe Bend	ID	USA	83629

5. Organized Under the Laws of: IDAHO C 87424	6. Signature: <u>Sandy Fenton</u> Name (type or print): <u>Sandy Fenton</u> Date: <u>11-24-15</u> Title: <u>President</u>
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Issued 11/24/2015 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.**

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of president, secretary, and directors. **Note: DO NOT put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1.** If more space is needed please add an attachment.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the corporation. Print or type the name of the signer below the signature.

**** The image of this form will be available on the internet once it has been filed. DO NOT enter Social Security numbers.**

If the corporation is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the corporation to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

If the document is incorrect, is there a telephone number to reach you for corrections? _____