

No. C 184497		Due no later than Sep 30, 2013 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. EMT & FIRE TRAINING INC. TRAVIS HOLYCROSS 209 SHADY PINES LP PRIEST RIVER ID 83856		TRAVIS HOLYCROSS 209 SHADY PINES LP PRIEST RIVER 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	
PRESIDENT	TRAVIS W HOLYCROSS	209 SHADYPINES LOOP	PRIEST RIVER	ID	USA	83856	
DIRECTOR	RYAN ASHER	11668 N WATERFORD LOOP	HAUSER	ID	USA	83854	
DIRECTOR	ADAM KNIGHT	17628 N CIRCLE S TRAIL	RATHDRUM	ID	USA	83858	
VICE PRESIDENT	ARTHUR S REASOR	209 SHADYPINES LOOP	PRIEST RIVER	ID	USA	83856	
5. Organized Under the Laws of: ID C 184497		6. Annual Report must be signed.* Signature: Lani Meek Name (type or print): Lani Meek					
		Date: 07/23/2013 Title: Office Manager					
Processed 07/23/2013		* Electronically provided signatures are accepted as original signatures.					