

No. W 81600		Due no later than Feb 28, 2010		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		Annual Report Form		FRANK REISER MD 1054 TERRA DR MOSCOW ID 83843			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		ACTION EMERGENCY MEDICAL SERVICES, PLLC FRANK A REISER 1054 TERRA DR MOSCOW ID 83843 USA					
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	FRANK A REISER	1054 TERRA DRIVE	MOSCOW	ID	USA	83843-8384	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 81600		Signature: Frank Reiser			Date: 01/13/2010		
		Name (type or print): Frank Reiser			Title: Member		
Processed 01/13/2010		* Electronically provided signatures are accepted as original signatures.					