

No. <b>C 185614</b>		<b>Due no later than Dec 31, 2010</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>1. Mailing Address: Correct in this box if needed.</b>  LEADORE EMERGENCY MEDICAL TECHNICIANS INC STACY FINDLEY PO BOX 51 LEADORE ID 83464-0051 USA		RICHARD SNYDER 117 GALENA ST LEADORE ID 83464-0051			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	RICHARD SNYDER	PO BOX 25	LEMHI	ID	USA	83465	
DIRECTOR	ALETA RIES	PO BOX 68	LEADORE	ID	USA	83464	
DIRECTOR	JAMES B PLAIFAIR JR	PO BOX 38	LEMHI	ID	USA	83464	
5. Organized Under the Laws of:  <b>ID</b> <b>C 185614</b>		6. Annual Report must be signed.*  Signature: Stacy Findley Name (type or print): Stacy Findley					
		Date: 10/09/2010 Title: Billing Officer					
Processed 10/09/2010		* Electronically provided signatures are accepted as original signatures.					