

No. C 87424	Due no later than Aug 31, 2017 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. HORSESHOE BEND EMERGENCY MEDICAL TECHNICIANS AMBULANCE, INC. LAWSON TERRI P.O. BOX 246 HORSESHOE BEND ID 83629 USA		TERRI LAWSON 112 ADA ST HORSESHOE BEND ID 83629			
			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	JUDITH HUTTON	PO BOX 246	HORSESHOE BEND	ID	USA	83629
VICE PRESIDENT	RINDY QUIJAS	PO BOX 246	HORSESHOE BEND	ID	USA	83629
SECRETARY	MICHELE BROTHERS	PO BOX 246	HORSESHOE BEND	ID	USA	83629
TREASURER	MICHELE BROTHERS	PO BOX 246	HORSESHOE BEND	ID	USA	83629
5. Organized Under the Laws of: ID C 87424	6. Annual Report must be signed.* Signature: Terri Lawson Name (type or print): Terri Lawson Date: 08/30/2017 Title: City Treasurer					
Processed 08/30/2017		* Electronically provided signatures are accepted as original signatures.				