No. W 138897		Due no later than Jun 30, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. WOOD RIVER CPR FIRST AID, LLC THOMAS WHITE 1594 BALDY VIEW DR HAILEY ID 83333		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				THOMAS WHITE 1594 BALDY VIEW DR HAILEY 83333 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		nes and Addresses of at least one Member o	r Manager.				
Office Held	Name	Street or PO Addre		City	State	Country	Postal Code
MANAGER THOMAS W		HITE 1594 BALDY VIEW	DR	HAILEY	ID	USA	83333
5. Organized Under the Laws of: ID W 138897		6. Annual Report must be signed.* Signature: Thomas White Name (type or print): Thomas White	Date: 04/20/2015 Title: Owner				
Processed 04/20/2015 * Electronically provided signatures are accepted as original signatures.							