

No. C 87424	Reinstatement Annual Report Form ADMIN DISSOLVED 11/10/2010		2. Registered Agent and Office (NOT A P.O. BOX) KERRI KROSCH 112 ADA ST HORSESHOE BEND ID 83629
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0000 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. HORSESHOE BEND EMERGENCY MEDICAL TECHNICIANS AMBULANCE, INC. HEATHER PATTERSON P.O. BOX 246 HORSESHOE BEND ID 83629 USA		3. New Registered Agent Signature.
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.			
Office Held	Name	Street or PO Address	City State Country Postal Code
President	Heather Patterson	P.O. Box 246	Horseshoe Id USA 83629 Bend
Director	Rindy Quijas	P.O. Box 246	Horseshoe Id USA 83629 Bend
Treasurer	Melissa Seibel	P.O. Box 246	Horseshoe Id USA 83629 Bend
Secretary	Sandy Fenton	P.O. Box 246	Horseshoe Id USA 83629 Bend
5. Organized Under the Laws of: 6.		Signature: <u>Heather Patterson</u> Date: <u>12-8-10</u>	
IDAHO C 87424		Name (Type or print): <u>Heather Patterson</u> Title: <u>President</u>	
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