No. **W 138897**	**Due no later than Jun 30, 2016** **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.** WOOD RIVER CPR FIRST AID, LLC THOMAS WHITE 1594 BALDY VIEW DR HAILEY ID 83333	THOMAS WHITE 1594 BALDY VIEW DR HAILEY ID 83333 3. New Registered Agent Signature:*

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
MANAGER	THOMAS WHITE	1594 BALDY VIEW DR	HAILEY	ID	USA	83333

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 138897**	Signature: Thomas	Date: 06/24/2016
	Name (type or print): Thomas	Title: White

Processed 06/24/2016

* Electronically provided signatures are accepted as original signatures.