# **Kentucky Secretary of State Annual Report**

## This Annual Report was submitted electronically

MOUNTAIN MEDICAL EQUIPMENT, INC. **Company** 

**Company ID** 0542938.09.99999 **Date Filed** 1/25/2007 2:11:19 PM

Fee \$15.00

#### **Principal Office Registered Agent**

P.O. BOX 1115 JULIE L. ROSE 1181 HWY 119 NORTH WHITESBURG, KY 41858

WHITESBURG, KY 41858

### **Officers**

President	JULIE L ROSE	1181 Hwy 119 N Whitesburg, KY
Vice President	BILLY R ROSE	1181 Hwy 119 N Whitesburg, KY
ARP Signature	Julie L Rose	1181 Hwy 119 N Whitesburg, KY

### **Signatures**

Signature Julie L Rose Title President