No. C 55791	Annual Report Form Due No Later Than November 30,	1997 2. Registered Agent i	and Office NOT A PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON	1 Mailing Address Please Correct # Not Correct #47 SCPANTON AVE PRIEST LAKE EMERGENCY MEDICA		• •
PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	HC05 BOX 151-3c	COOLIN	IO 83821
* FIRST NOTICE *	PRIEST LAKE ID 3355	3. Organized Under t	the Laws of C 55791
Ente	Business Addresses of President, Secretary and D r Names and Addresses of D Managers or D	Directors I Members (check one)	
Office held Name	Street or P.O. Address	City	State Zio
VICE PRES STEVE K CHAIR JODY HE CHAIR MARY ME	YL HCR 5 OBX 206-L	COOLIN	ID 83856 ID 83821 ID 83856 ID 83821 ID 83856
ISSUED: 07-04-19	· •		
6 p	√ DO NOT TAPE OR STA	APLE]	