




No. W 19449	Due no later than May 31, 2004 Annual Report Form	2. Registered Agent and Office NO PO BOX ALLAN R BOSCH 225 N 9TH ST STE 210 BOISE, ID 83702												
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 applicable EMERGENCY MEDICAL MANAGEMENT SOLUTI 5999 E GATEWAY DR BOISE, ID 83716	3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 10%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 15%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>manager</td> <td>Louis TAD Cowley</td> <td>5999 E Gateway Dr</td> <td>Boise</td> <td>ID</td> <td>83716</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	manager	Louis TAD Cowley	5999 E Gateway Dr	Boise	ID	83716
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
manager	Louis TAD Cowley	5999 E Gateway Dr	Boise	ID	83716									
5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 19449 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> Signature  </td> <td style="width: 50%;"> Date <u>3/12/04</u> </td> </tr> <tr> <td> Name (Typed or Printed) <u>Louis TAD Cowley</u> </td> <td> Title <u>Manager</u> </td> </tr> </table>		Signature 	Date <u>3/12/04</u>	Name (Typed or Printed) <u>Louis TAD Cowley</u>	Title <u>Manager</u>								
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