

No. C 155082

Due no later than June 30, 2005
Annual Report Form

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

TIER ONE EMERGENCY MEDICAL TRAINING
2987 E 3600 N
TWIN FALLS, ID 83301

2. Registered Agent and Office NO PO BOX

TOM L BAUSMAN
2987 E 3600 N
TWIN FALLS, ID 83301

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
President	Tom L Bausman	1227 Filer Ave E	Twin Falls	ID	83301
Secretary	Lisa A Bausman	1227 Filer Ave E	Twin Falls	ID	83301

5. Organized Under the Laws of:

IDAHO
C 155082

6.

Signature

Lisa A Bausman

Date

9/16/05

Name

Lisa A BAUSMAN

Title

Secretary

Issued 04/01/2005

Do Not Tape or Staple

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