

No. C 100682		Due no later than Jan 31, 2006		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. PACKER EMERGENCY MEDICAL SERVICES, P.A. SCOTT M. PACKER M.D. 329 S. WOODRUFF IDAHO FALLS ID 83401 0000		SCOTT M. PACKER M.D. 7584 S 8TH W IDAHO FALLS ID 83402 0000			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	SCOTT PACKER	7584 S8TH W	IDAHO FALLS	ID	USA	83402	
DIRECTOR	SCOTT PACKER	7584 S 8TH STR	IDAHO FALLS	ID	USA	83402	
5. Organized Under the Laws of: IDAHO C 100682		6. Annual Report must be signed.* Signature: SCOTT PACKER Name (type or print): SCOTT PACKER Date: 11/08/2005 Title: PRESIDENT					
Processed 11/08/2005		* Electronically provided signatures are accepted as original signatures.					