


| No. C 115596 | Due no later than July 31, 2005 | | | | | | | | | | | | | | | |
|---|--|--|---|--------------|--------------------|-------------|-------------------------------|-------------|--------------|------------|-----------|-----------|------------------|-------|----|-------|
| 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 | | 2. Registered Agent and Office NO PO BOX | | | | | | | | | | | | | |
| | 1. Mailing Address - Correct in this box, if applicable NORTHWEST PARAMEDIC ASSOCIATES, INC KARL VOGT 1404 CLEAR CREEK BOISE, ID 83709 | | KARL VOGT 1404 CLEARCREEK BOISE, ID 83709 3. <u>New</u> Registered Agent Signature | | | | | | | | | | | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: center;"><u>Office held</u></th> <th style="text-align: center;"><u>Name</u></th> <th style="text-align: center;"><u>Street or P.O. Address</u></th> <th style="text-align: center;"><u>City</u></th> <th style="text-align: center;"><u>State</u></th> <th style="text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">President</td> <td>Karl Vogt</td> <td>1404 Clear Creek</td> <td style="text-align: center;">Boise</td> <td style="text-align: center;">ID</td> <td style="text-align: center;">83709</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> | President | Karl Vogt | 1404 Clear Creek | Boise | ID | 83709 |
| <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | | | | | | | | | | | |
| President | Karl Vogt | 1404 Clear Creek | Boise | ID | 83709 | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO C 115596 | | 6. Signature  Date <u>9/28/05</u> Name (Typed or Printed) <u>Karl Vogt</u> Title <u>President</u> | | | | | | | | | | | | | | |

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