No. W 19449	Due no later than May 31, 2005	2. Registered Agent and Office NO PO BO
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form  1. Mailing Address - Correct in this box, if applicable	
	EMERGENCY MEDICAL MANAGEMENT SOLUTI 5999 E GATEWAY DR BOISE, ID 83716	225 N 9TH ST STE 210 BOISE, ID 83702
NO FILING FEE IF RECEIVED BY DUE DATE		3. New Registered Agent Signature
4. Limited Liability Compan	ies: Enter Names and Addresses of Members.	
Office held Name President Louis TAS Co	Street or P.O. Address	ity State Zip
	(80)	ise 113 83716
	(50)	12 82314
		12 82314
	6.	126 (12 83.214
5. Organized Under the Laws of: IDAHO	6. Signature	Date
5. Organized Under the Laws of:	6. Signature	