

No. **C 55791**

Due no later than June 30, 2006

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

PRIEST LAKE EMERGENCY MEDICAL TECHN
27929 HWY 57
PRIEST LAKE, ID 838562. Registered Agent and Office **NO PO BOX**LANI ELDORE
481 OUTLET BAY RD
PRIEST LAKE, ID 83856**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.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT	MARTIN, TERRY	POB 391	NORDMAN	ID	83848
V. PRESIDENT	JAMIESON, DOUG	51 PARADISE LN	PRIEST LAKE	ID	83856
DIRECTOR	ELDORE, KEN	481 OUTLET BAY RD	PRIEST LAKE	ID	83856
DIRECTOR	TROUP, JIM	28073 HWY 57	PRIEST LAKE	ID	83856
DIRECTOR	HOLYCROSS, TRAVIS	209 SHADY PINES	PRIEST LAKE	ID	83856

5. Organized Under the Laws of:

IDAHO
C 55791

6.

Signature

Name (Typed or Printed)

LANI ELDORE

Date

4/12/06

Title

OFFICE MANAGER

Issued 04/03/2006

Do Not Tape or Staple

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