

No. C 55791

Due no later than June 30, 2006
Annual Report Form

2. Registered Agent and Office **NO PO BOX**

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 83856

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	MATZIN, TERRY	P O B 301	NORMAN	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	HOLLYCROSS, TRAVIS	209 SHADYPINES	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

200606006526

Issued 04/03/2006

Do Not Tape or Staple