

No. C 114052		Due no later than Mar 31, 2006 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. WILDERNESS EMERGENCY MEDICINE, P.A. LUANNE FREER 329 S. WOODRUFF IDAHO FALLS ID 83401 0000		LUANNE FREER 220 DEER PATH BOZEMAN MT 59718 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	LUANNE FREER	220 DEER PATH	BOZEMAN	MT	USA	59718	
SECRETARY	LUANNE FREER	220 DEER PATH	BOZEMAN	MT	USA	59718	
DIRECTOR	LUANNE FREER	220 DEER PATH	BOZEMAN	MT	USA	59718	
5. Organized Under the Laws of: IDAHO C 114052		6. Annual Report must be signed.* Signature: LUANNE FREER Name (type or print): LUANNE FREER Date: 01/09/2006 Title: PRESIDENT					
Processed 01/09/2006 * Electronically provided signatures are accepted as original signatures.							