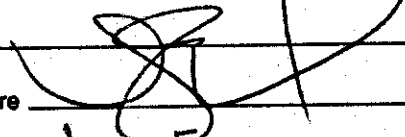


No. C 55791	Due no later than June 30, 2008 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable PRIEST LAKE EMERGENCY MEDICAL TECHN 27929 HWY 57 PRIEST LAKE, ID 83856	LANI ELDORE 481 OUTLET BAY RD PRIEST LAKE, ID 83856 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	ELMER, BOB	708 420	NORDMAN,	ID	83848
V-PRES	JUSTICE, BUD	3858	CAVANAUGH BAY RD,	COOLIN,	ID 83821
DIRECTOR	DAGGETT, JULIE	513	SHADYPINES LOOP,	PRIEST LAKE	ID 83856
DIRECTOR	ROBERTS, JASON	27	LARK LN	PRIEST LAKE,	ID 83856
DIRECTOR	HILL, SCOTT	4771	W. LAKESHORE,	PRIEST LAKE,	ID 83856

5. Organized Under the Laws of: IDAHO C 55791	6. Signature  Name (Typed or Printed) LANI ELDORE Date 4/10/08 Title OFFICE MGR
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