

No. **W 17957****Due no later than February 28, 2005
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**NPAA, LLC
~~304 PALO ALTO DR~~ **1404 Clearcreek**
~~GALDWELL, ID 83605~~ **Boise, ID 83709****2. Registered Agent and Office NO PO BOX**KARL D VOGT
~~304 PALO ALTO DR~~ **1404 Clearcreek**
~~GALDWELL, ID 83605~~ **Boise ID**
83709**NO FILING FEE IF**

DATE

3. New Registered Agent Signature

Companies: Enter Names and Addresses of Members.

On _____ name _____

Street or P.O. Address _____

City _____

State _____

Zip _____

Northwest Paramedic Associates, Inc 1404 Clearcreek Boise ID 83709

5. Organized Under the Laws of:IDAHO
W 17957**6.**

Signature _____

Date

1/17/05

Name (Typed or Printed)

Karl D. Vogt

Title

Member

Issued 12/01/2004

Do Not Tape or Staple

200502000796

Fold, seal and mail this portion.

C**C**