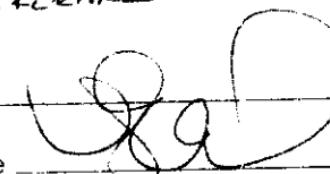


No. C 55791	Due no later than June 30, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable  PRIEST LAKE EMERGENCY MEDICAL TECHN 27929 HWY 57 PRIEST LAKE, ID 83856		LANI ELDORE 481 OUTLET BAY RD PRIEST LAKE, ID 83856		
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>			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	RAWLINSON, KEN	1601 CAVANAUGH COOLIN BAY RD	COOLIN	ID	83821
V. PRESIDENT	MARTIN, KATHLEEN	POBOX 3411	NORDMAN	ID	83848
DIRECTOR	MAURO, GENO	POBOX 376	NORDMAN	ID	83848
DIRECTOR	HOLYCROSS, TRAVIS	201 SHADYPINES	PRIESTLAKE	ID	83856
DIRECTOR	BATCH, JULIE	1601 KOKANEE PK	PRIESTLAKE, ID		83856
5. Organized Under the Laws of:		6. Signature		Date	
IDAHO C 55791				5/11/05	
		Name <small>(Type or Printed)</small>		Title	
		LANI ELDORE		OFFICE MANAGER	