

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

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.

Office held	Name	Street or P.O. Address	City	State	Zip
PRESIDENT	RAWLINSON, KEN	1601 CAVANAUGH BAY RD	COOLIN	ID	83821
V. PRESIDENT	MARTIN, KATHLEEN	PO BOX 341	NORDMAN	ID	83848
DIRECTOR	MAURO, GENO	PO BOX 376	NORDMAN	ID	83848
DIRECTOR	HOLYCROSS, TRAVIS	204 SHADYPINES	PRIEST LAKE	ID	83856
DIRECTOR	BATCH, JULIE	1501 KOKANEE PK	PRIEST LAKE, ID		83856

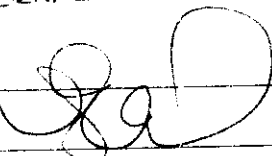
5. Organized Under the Laws of:

IDAHO
C 55791

6.

Signature

Name (Typed or Printed)



LANI ELDORE

Date

5-11-05

Title

OFFICE
MANAGER

Issued 04/01/2005

Do Not Tape or Staple

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