No. W 25158	Due no later than July 31, 2006 Annual Report Form	2. Registered Agent and Office NO PO BO
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicate COEUR D'ALENE FLIGHT MEDICINE, PLLC MARK E MANTEUFFEL 16874 N MORGAN LN HAYDEN LAKE, ID 83835	MARK E MANTEUFFEL 16874 N MORGAN LN HAYDEN LAKE, ID 83835
NO FILING FEE IF RECEIVED BY DUE DATE		3. New Registered Agent Signature
 Limited Liability Compa 	nies: Enter Names and Addresses of Members	•
Office held Name Sode Mewhere A	Street or P.O. Address MRK MANTENFFEL, MD 16874 N. MORG. Hayden Laber (Same as abor)	City State Zip AN Lane TD F3835
	Street or P.O. Address MRK MANTENFFEL, MD 16874 N. MORG. Hayden Laber (Salve as above) 6. Signature Address Name (Typed of Printed) Do Not Tape or Staple	to Lene