No. W 25158	Ţ	Due no later than Jul 31, 2009 Annual Report Form 1. Mailing Address: Correct in this box if needed. COEUR D'ALENE FLIGHT MEDICINE, PLLC MARK E MANTEUFFEL 16874 N MORGAN LN HAYDEN LAKE ID 83835		2. Registered Agent and Address (NO PO BOX) MARK E MANTEUFFEL 16874 N MORGAN LN HAYDEN LAKE ID 83835 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE	1. Mailing						
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	MARK E MA 16874 N MOI						
NO FILING FEE IF RECEIVED BY DUE DATE	HAYDEN LAK						
4. Limited Liability Companies: Ent	er Names and Address	ses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MARK	E MANTEUFFEL	PO BOX 3017	HAYDEN	ID	USA	83835	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	Signature: M	Signature: Mark Manteuffel Date: 08/26/2009					
W 25158	Name (type	or print): Mark Manteuffel	Title: Sole Member				
Processed 08/26/2009	* Electronically	* Electronically provided signatures are accepted as original signatures.					