

No. C 155082

Due no later than June 30, 2007
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

TIER ONE EMERGENCY MEDICAL TRAINING
2987 E 3600 N
TWIN FALLS, ID 83301

TOM L BAUSMAN
2987 E 3600 N
TWIN FALLS, ID 83301

3. New Registered Agent Signature

NO FILING FEE IF
RECEIVED BY DUE DATE

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
President	Tom L. Bausman	2987 E. 3600 N.	TWIN FALLS	ID	83301
Secretary	Lisa A. Bausman	2987 E. 3600 N.	TWIN FALLS	ID.	83301

5. Organized Under the Laws of:
IDAHO
C 155082

6. Signature Lisa A. Bausman

Date 6/22/07

Name (Typed or Printed) Lisa A. Bausman

Title Secretary