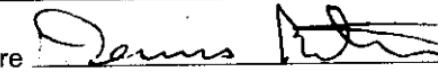


No. C 87424	Due no later than Aug 31, 2002 Annual Report Form		2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable HORSESHOE BEND EMERGENCY MEDICAL TE PO BOX 116 HORSESHOE BEND, ID 83629		DENNIS PUTMAN 132 N RIVERSIDE DR HORSESHOE BEND, ID 83629
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.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Director	Dennis Putman	P.O. Box 237	Horseshoe Bend	ID	83629
President	Dennis Putman	P.O. Box 237	Horseshoe Bend	ID	83629
Secretary	Lori Putman	P.O. Box 237	Horseshoe Bend	ID	83629
Vice Pres.	Melissa Seibel	P.O. Box	Horseshoe Bend	ID	83629

5. Organized Under the Laws of: IDAHO C 87424	6. Signature  Name <small>(Typed or Printed)</small> DENNIS PUTMAN	Date 6-21-02 Title DIRECTOR
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