

No. 82375	Idaho Corporation Annual Report Form Due No Later Than November 1, 1988		2. Registered Agent and Office																					
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 SEC. 1	1. Mailing Address — Please Correct 82375		BLAISE KOEP 417 FREDERICK STREET POST FALLS, IDAHO 83854																					
	KOOTENAI COUNTY EMERGENCY MEDICAL BLAISE KOEP 417 FREDERICK STREET POST FALLS, IDAHO 83854		3. Incorporated Under The Laws of STATE OF IDAHO ENTERED SEP 27 1988																					
4. Names and Addresses of Officers and Directors																								
<table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President: Blaise Koep</td> <td>417 Frederick Street</td> <td>Post Falls</td> <td>Idaho</td> <td>83854</td> </tr> <tr> <td>Secretary /Treasure: Joe Miller</td> <td>P.O. 279</td> <td>Spirit Lake</td> <td>Idaho</td> <td>83869</td> </tr> <tr> <td colspan="5">Directors:</td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President: Blaise Koep	417 Frederick Street	Post Falls	Idaho	83854	Secretary /Treasure: Joe Miller	P.O. 279	Spirit Lake	Idaho	83869	Directors:				
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5. Nature of Business EMERGENCY MEDICAL SERVICE		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td><i>Blaise Koep</i></td> <td>15 SEP 88</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Title</td> </tr> <tr> <td>BLAISE KOEP</td> <td>PRESIDENT</td> </tr> </table>			Signature	Date	<i>Blaise Koep</i>	15 SEP 88	Name (Typed or Printed)	Title	BLAISE KOEP	PRESIDENT												
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