INSTRUCTIONS ON REVERSE SIDE

ISSUED: 06-30-1990

No. 86337

*Return To*

**Secretary of State**
**Room 203, Statehouse**
**Boise, ID 83720**

NO FEE REQUIRED

## Idaho Corporation Annual Report Form

*Due No Later Than November 1,* 1990

1. Mailing Address — *Please Correct*

NORTH IDAHO EMERGENCY MEDIC
THOMAS E. NICKOL, M.D.
P.O. BOX 2318

COEUR D'ALENE ID 83814

2. Registered Agent and Office

THOMAS E. NICKOL, M.D.
3421 ANGIE CIRCLE

COEUR D'ALENE ID 83814

3. Incorporated Under The Laws of ID

NO: 086337

4. Names and Addresses of Officers and Directors

| | Name | Street or P.O. Address | City | State | Zip |
|---|---|---|---|---|---|
| President: | Thomas E. Nicko1 M.D. | P. O. Box 2318 | Coeur d'Alene, | ID | 83824 |
| Secretary: | Steven J. Malek M.D. | P. O. Box 2318 | Coeur d'Alene, | Id | 83814 |
| Directors: | James P. Winter, M.D. | P. O. Box 2318 | Coeur d'Alene, | Id | 83814 |
| | Robin R. Shaw, M.D. | P. O. Box 2318 | Coeur d'Alene, | ID | 83814 |

5. Nature of Business

~~Emogerney~~y Medical Services
Emergency

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature Robin R Shaw MD Date 7-13-90

Name (Typed or Printed) Robin R. Shaw, M.D. Title Treasurer