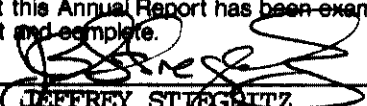
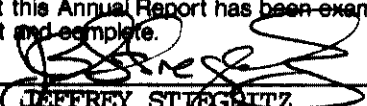
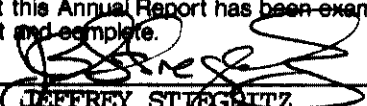


No. 93347	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991		2. Registered Agent and Office NOT A P.O. BOX JEFFREY STIEGLITZ 2962 TIPPERARY LANE IDAHO FALLS ID 83404																														
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	<input type="checkbox"/> Mailing Address <i>Please Correct If Not Correct</i>		3. Incorporated Under The Laws of ID NO: 093347																														
	INTERMOUNTAIN EMERGENCY SER JEFFREY STIEGLITZ 2962 TIPPERARY LANE IDAHO FALLS ID 83404																																
4. Names and Addresses of Officers and Directors <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 30%; text-align: center;"><u>Name</u></th> <th style="width: 30%; text-align: center;"><u>Street or P.O. Address</u></th> <th style="width: 15%; text-align: center;"><u>City</u></th> <th style="width: 10%; text-align: center;"><u>State</u></th> <th style="width: 10%; text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>JEFFREY STIEGLITZ</td> <td>2962 TIPPERARY LANE</td> <td>IDAHO FALLS</td> <td>ID</td> <td>83404</td> </tr> <tr> <td>Secretary:</td> <td>MICHELLE STIEGLITZ</td> <td>2962 TIPPERARY LANE</td> <td>IDAHO FALLS</td> <td>ID</td> <td>83404</td> </tr> <tr> <td rowspan="2">Directors:</td> <td>JEFFREY STIEGLITZ</td> <td>2962 TIPPERARY LANE</td> <td>IDAHO FALLS</td> <td>ID</td> <td>83404</td> </tr> <tr> <td>MICHELLE STIEGLITZ</td> <td>2962 TIPPERARY LANE</td> <td>IDAHO FALLS</td> <td>ID</td> <td>83404</td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	JEFFREY STIEGLITZ	2962 TIPPERARY LANE	IDAHO FALLS	ID	83404	Secretary:	MICHELLE STIEGLITZ	2962 TIPPERARY LANE	IDAHO FALLS	ID	83404	Directors:	JEFFREY STIEGLITZ	2962 TIPPERARY LANE	IDAHO FALLS	ID	83404	MICHELLE STIEGLITZ	2962 TIPPERARY LANE	IDAHO FALLS	ID	83404
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5. Nature of Business MEDICAL SERVICES		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 style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature  Name (Typed or Printed) JEFFREY STIEGLITZ </td> <td style="width: 40%;"> Date 10/13/91 Title PRESIDENT </td> </tr> </table>			Signature  Name (Typed or Printed) JEFFREY STIEGLITZ	Date 10/13/91 Title PRESIDENT																											
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