

ISSUED: 10-04-1990

No. 69329 Return To Secretary of State Room 203, Statehouse Boise, ID 83720 ** FINAL NOTICE ** NO FEE REQUIRED	Idaho Corporation Annual Report Form Due No Later Than November 1, 1. Mailing Address — Please Correct QUICK RESPONSE UNIT OF ATLA MARY SCHMADER BOX 3 ATLANTA ID 83601	2. Registered Agent and Office DOROTHY ROEBER BOX 171 ATLANTA ID 83601 3. Incorporated Under The Laws of ID NO: 069329																									
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: SUSAN STINSON</td> <td></td> <td>ATLANTA</td> <td>ID</td> <td>83601</td> </tr> <tr> <td>Secretary: MARY SCHMADER</td> <td>Box 3</td> <td>ATLANTA</td> <td>ID</td> <td>83601</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PAULINE RIPPEN</td> <td>Box 79</td> <td>ATLANTA</td> <td>ID</td> <td>83601</td> </tr> </tbody> </table>			Name	Street or P.O. Address	City	State	Zip	President: SUSAN STINSON		ATLANTA	ID	83601	Secretary: MARY SCHMADER	Box 3	ATLANTA	ID	83601	Directors:					PAULINE RIPPEN	Box 79	ATLANTA	ID	83601
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5. Nature of Business EMERGENCY MEDICAL RESPONSE	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>PAULINE D RIPPEN</td> <td>10-15-90</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Title</td> </tr> <tr> <td>PAULINE D RIPPEN</td> <td>TRAINING OFFICER</td> </tr> </table>		Signature	Date	PAULINE D RIPPEN	10-15-90	Name (Typed or Printed)	Title	PAULINE D RIPPEN	TRAINING OFFICER																	
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