

No. 81198	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Due No Later Than November 1, 1991		GARY D. LODER																									
	1. Mailing Address: Please Correct If Not Correct		624 MAIN STREET																									
	GOODING COUNTY CPR INSTRUCT GARY D. LODER 1120 MONTANA GOODING ID 83330		GOODING ID 83330 3. Incorporated Under The Laws of ID NO: 081198																									
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <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:</td> <td>GARY D. LODER</td> <td>1120 MONTANA</td> <td>GOODING</td> <td>ID.</td> <td>83330</td> </tr> <tr> <td>Secretary:</td> <td>JEANNE M. HUSSEN</td> <td>717 WYOMING</td> <td>GOODING</td> <td>ID.</td> <td>83330</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	GARY D. LODER	1120 MONTANA	GOODING	ID.	83330	Secretary:	JEANNE M. HUSSEN	717 WYOMING	GOODING	ID.	83330	Directors:					
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Directors:																												
5. Nature of Business CPR INSTRUCTION	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>Name (Typed or Printed) GARY D. LODER</td> <td>8/28/91</td> </tr> <tr> <td></td> <td>Title PRESIDENT</td> </tr> </table>				Signature	Date	Name (Typed or Printed) GARY D. LODER	8/28/91		Title PRESIDENT																		
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