

REINSTATEMENT

FILED EFFECTIVE

No. C 88212	Annual Report Form ADMIN DISSOLVED 03/07/2008		2. Registered Agent and Office NOT A P.O. BOX																								
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	1. Mailing Address - Correct in this box, if applicable PRIEST RIVER EMT ASSOCIATION, INC. P O BOX 1515 PRIEST RIVER, ID 83856		LES KOKANOS 202 CEDAR STREET PRIEST RIVER, ID 83856 3. Signature registered agent signature <i>Les Kokanos</i>																								
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of management Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners. <table border="1"> <thead> <tr> <th>Office held</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>Les Kokanos</td> <td>202 Cedar St.</td> <td>Priest River</td> <td>ID</td> <td>83856</td> </tr> <tr> <td>Secretary</td> <td>Cheryl Reeves</td> <td>P.O. Box 822</td> <td>Priest River</td> <td>ID</td> <td>83856</td> </tr> <tr> <td>Director</td> <td>Robert (Bob) Howard</td> <td>1975 Fish Cr. Rd.</td> <td>Cocatalla</td> <td>ID</td> <td>83813</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	President	Les Kokanos	202 Cedar St.	Priest River	ID	83856	Secretary	Cheryl Reeves	P.O. Box 822	Priest River	ID	83856	Director	Robert (Bob) Howard	1975 Fish Cr. Rd.	Cocatalla	ID	83813
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5. Organized under the laws of: IDAHO C 88212		6. Signature <i>Les Kokanos</i> Date <u>4-11-2008</u> Name (Typed or Printed) <u>Les Kokanos</u> Title <u>President</u>																									

Issued 4/10/2008 by LJM