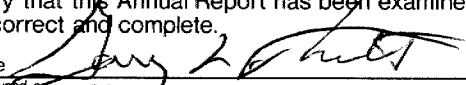
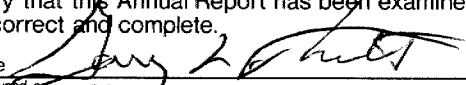
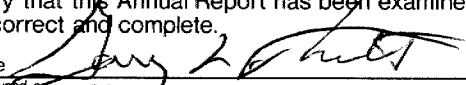


ISSUED: 07-05-1994

No. 76624	Idaho Corporation Annual Report Form Due No Later Than November 1, 1994		2. Registered Agent and Office GARY L. THIETTEN 200 SECOND STREET NORTH TWIN FALLS ID 83301																															
Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address — TRANSMED, INC. GARY L. THIETTEN 200 SECOND AVENUE NORTH TWIN FALLS ID 83301		3. Incorporated Under The Laws of ID NO: 76624																															
4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED <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 L. THIETTEN</td> <td>641 BALLINGRUDE DR</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Secretary:</td> <td>E JUDITH THIETTEN</td> <td>641 BALLINGRUDE DR</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Directors:</td> <td>GARY L. THIETTEN</td> <td>SAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>E JUDITH THIETTEN</td> <td>SAME</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	GARY L. THIETTEN	641 BALLINGRUDE DR	TWIN FALLS	ID	83301	Secretary:	E JUDITH THIETTEN	641 BALLINGRUDE DR	TWIN FALLS	ID	83301	Directors:	GARY L. THIETTEN	SAME					E JUDITH THIETTEN	SAME			
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5. Nature of Business AMBULANCE	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></td> <td>Date</td> <td>9-6-84</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>GARY L. THIETTEN</td> <td>Title</td> <td>PRESIDENT</td> </tr> </table>				Signature		Date	9-6-84	Name (Typed or Printed)	GARY L. THIETTEN	Title	PRESIDENT																						
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