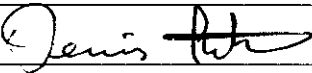
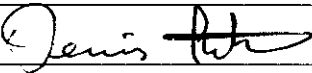
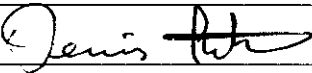


No. C 87424 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Aug 31, 2000 Annual Report Form 1. Mailing Address - Correct in this box, if applicable HORSESHOE BEND EMERGENCY MEDICAL TE BOX 402 P.O. Box 116 HORSESHOE BEND, ID 83629	2. Registered Agent and Office NO PO BOX MICHAEL J CLURE Dennis Putman 100 FOSS LN 132 N. Riverside DR. HORSESHOE BEND, ID 83629 3. New Registered Agent Signature																														
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <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>Dennis Putman</td> <td>132 N. Riverside DR</td> <td>Horseshoe Bend</td> <td>ID</td> <td>83629</td> </tr> <tr> <td>Secretary</td> <td>Lori Putman</td> <td>132 N. Riverside DR.</td> <td>Horseshoe Bend</td> <td>ID</td> <td>83629</td> </tr> <tr> <td>Director</td> <td>melissa Seibel</td> <td>124 N. Riverside DR.</td> <td>Horseshoe Bend</td> <td>ID</td> <td>83629</td> </tr> <tr> <td>Director</td> <td>Vicki MacConKey</td> <td>101 River Ave #6</td> <td>Horseshoe Bend</td> <td>ID</td> <td>83629</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	President	Dennis Putman	132 N. Riverside DR	Horseshoe Bend	ID	83629	Secretary	Lori Putman	132 N. Riverside DR.	Horseshoe Bend	ID	83629	Director	melissa Seibel	124 N. Riverside DR.	Horseshoe Bend	ID	83629	Director	Vicki MacConKey	101 River Ave #6	Horseshoe Bend	ID	83629
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