

No. Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	Idaho Corporation Annual Report Form Due No Later Than November 1, 1992 1. Mailing Address: - Please Correct If Not Correct RICHFIELD QUICK RESPONSE UNIT, MIKE PIPER 165 W LEMHI RICHFIELD ID 83349 0000	2. Registered Agent and Office NOT A P.O. BOX MIKE PIPER 165 W LEMHI RICHFIELD ID 83349 3. Incorporated Under The Laws of ID NO: 97414																																								
4. Names and Addresses of Officers and Directors																																										
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%; text-align: center;"><u>Name</u></th> <th style="width: 35%; text-align: center;"><u>Street or P.O. Address</u></th> <th style="width: 15%; text-align: center;"><u>City</u></th> <th style="width: 10%; text-align: center;"><u>State</u></th> <th style="width: 5%; text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President: Mike Piper</td> <td>P.O. Box 86</td> <td>Richfield</td> <td>ID</td> <td>83349</td> </tr> <tr> <td>Secretary: Lori Piper</td> <td>P.O. Box 86</td> <td>Richfield</td> <td>ID</td> <td>83349</td> </tr> <tr> <td>Directors: Connie Bravburger</td> <td>R.R. #1</td> <td>Richfield</td> <td>ID</td> <td>83349</td> </tr> <tr> <td>Shenae King</td> <td></td> <td>Richfield</td> <td>ID</td> <td>83349</td> </tr> <tr> <td>Kim Koonfz</td> <td></td> <td>Richfield</td> <td>ID</td> <td>83349</td> </tr> <tr> <td>Sheryl Jensen</td> <td></td> <td>Richfield</td> <td>ID</td> <td>83349</td> </tr> <tr> <td>Pam Ward</td> <td></td> <td>Richfield</td> <td>ID</td> <td>83349</td> </tr> </tbody> </table>			<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President: Mike Piper	P.O. Box 86	Richfield	ID	83349	Secretary: Lori Piper	P.O. Box 86	Richfield	ID	83349	Directors: Connie Bravburger	R.R. #1	Richfield	ID	83349	Shenae King		Richfield	ID	83349	Kim Koonfz		Richfield	ID	83349	Sheryl Jensen		Richfield	ID	83349	Pam Ward		Richfield	ID	83349
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5. Nature of Business First Aid NON-PROFIT	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature Charles E. Buttane Date 7/14/92 Name (Typed or Printed) Charles E. Buttane Title Treasurer																																									