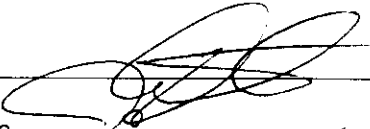


No. C 129751	Due no later than Jul 31, 2001		2. Registered Agent and Office NO PO BOX																				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		JAMES N HUTCHENS																				
	1. Mailing Address - Correct in this box, if applicable ACCESS AIR AMBULANCE, INC. JAMES N HUTCHENS 4546 W AERONCA ST BOISE, ID 83705		4546 W AERONCA ST BOISE, ID 83705 3. <u>New</u> 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>Pres.</td> <td>James Hutchens</td> <td>1030 N. Silver Ave</td> <td>Boise</td> <td>ID</td> <td>83713</td> </tr> <tr> <td>V.P.</td> <td>Joel Hochhalter</td> <td rowspan="2">4545 W. AERONCA ST</td> <td rowspan="2">Boise</td> <td rowspan="2">Id</td> <td rowspan="2">83705</td> </tr> <tr> <td>V.P.</td> <td>Paul Leandabreane</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Pres.	James Hutchens	1030 N. Silver Ave	Boise	ID	83713	V.P.	Joel Hochhalter	4545 W. AERONCA ST	Boise	Id	83705	V.P.	Paul Leandabreane
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5. Organized Under the Laws of: IDAHO C 129751	6.  Signature _____ Name (Typed or Printed) <u>James Hutchens</u> Date <u>15 MAY 2001</u> Title: <u>Pres</u>																						