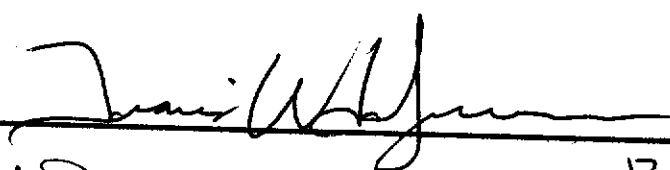


No. C 184497	Reinstatement Annual Report Form ADMIN DISSOLVED 12/07/2010		2. Registered Agent and Office (NOT A P.O. BOX) TRAVIS HOLYCROSS 209 SHADY PINES LP PRIEST RIVER ID 83856																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. EMT & FIRE TRAINING INC. TRAVIS HOLYCROSS 209 SHADY PINES LP PRIEST RIVER ID 83856		3. New Registered Agent Signature.																																			
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>TRAVIS HOLYCROSS</td> <td>209 SHADY PINES</td> <td>PRIEST LAKE</td> <td>ID</td> <td>USA</td> <td>83856</td> </tr> <tr> <td>V. PRES</td> <td>SCOTT REASOR</td> <td>483 WATERS CREEK RD</td> <td>PRIEST RIVER</td> <td>ID</td> <td>USA</td> <td>83856</td> </tr> <tr> <td>DIRECTOR</td> <td>RYAN ASHER</td> <td>1869 E. SELTICE WAY #358</td> <td>POST FALLS</td> <td>ID</td> <td>USA</td> <td>83854</td> </tr> <tr> <td>DIRECTOR</td> <td>ADAM KNIGHT</td> <td>1909 W. JAMES CROWE DR</td> <td>HAYDEN</td> <td>ID</td> <td>USA</td> <td>83835</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	PRESIDENT	TRAVIS HOLYCROSS	209 SHADY PINES	PRIEST LAKE	ID	USA	83856	V. PRES	SCOTT REASOR	483 WATERS CREEK RD	PRIEST RIVER	ID	USA	83856	DIRECTOR	RYAN ASHER	1869 E. SELTICE WAY #358	POST FALLS	ID	USA	83854	DIRECTOR	ADAM KNIGHT	1909 W. JAMES CROWE DR	HAYDEN	ID	USA	83835
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Issued 12/20/2010 by CLH																																						