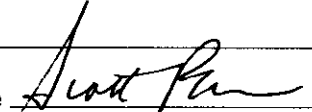
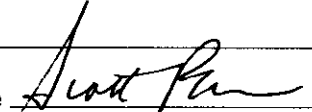
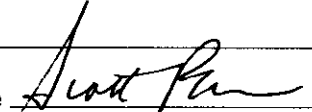


<b>No. C 100682</b> Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Due no later than Jan 31, 2002 Annual Report Form</b> 1. Mailing Address - Correct in this box, if applicable  PACKER EMERGENCY MEDICAL SERVICES, SCOTT M. PACKER M.D. 329 S. WOODRUFF  IDAHO FALLS, ID 83401	2. Registered Agent and Office <b>NO PO BOX</b>  SCOTT M. PACKER M.D. 7584 S 8TH W  IDAHO FALLS, ID 83402  3. <u>New</u> Registered Agent Signature
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4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	Scott Packer	7584 South 8th West	Idaho Falls,	ID	83402
Directors:	Scott Packer	7584 South 8th West	Idaho Falls,	ID	83402

5. Organized Under the Laws of:  IDAHO C 100682	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature </td> <td style="width: 40%;">Date <u>12/20/01</u></td> </tr> <tr> <td>Name <small>(Typed or Printed)</small> <u>Scott Packer</u></td> <td>Title <u>President</u></td> </tr> </table>	Signature 	Date <u>12/20/01</u>	Name <small>(Typed or Printed)</small> <u>Scott Packer</u>	Title <u>President</u>
Signature 	Date <u>12/20/01</u>				
Name <small>(Typed or Printed)</small> <u>Scott Packer</u>	Title <u>President</u>				