

FOR SECRETARY OF STATE USE ONLY

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

(FORM MUST BE TYPED	y I - March ] ● ] IN RIACK)	Filing Fee: \$50.00		+		
1. Corporate ID No.	2. Name of Corps	oration	· · · · · · · · · · · · · · · · · · ·	• • •	,	
88854	MED TECH				•	
3. Street Address Principal.	Business Office		City	State	Zip	
19 MENDON AVE	VUE	,	PAWTUCKET	RI	02861-	
4. Business Phone No.		5. State of Incorpo			6. SIC Code	
4017269907		RHODE ISL	AND		6650	
7. Brief Description of the C TO PROVIDE AMBULI	Character of Business Co. ANCE SERVICES.	nducted in Rhode Island			<del></del>	
8. NAMES AND ADDE	ESSES OF THE OF	FICERS ("X" BOX FO	RATTACHMENT)   FILL IN SI	PACES BEFORE USING A	TTACHMENTS	
Gary R. Reis			.Vice President Name Gary R. Reis			
Street Address	<del></del>		Street Address		<del></del>	
86 Naushon Road			86 Naushon Roa	d		
Cin	State	Zip	City	State	Zip	
Pawtucket	RI	02861	Pawtucket	RI	02861	
Secretary Name			Treasurer Name		• • • • • • • • • • • • •	
Gary R. Reis	· · · · · · · · · · · · · · · · · · ·		Gary R. Reis			
Sireei Address  86 Naushon Road			Street Address			
		<del></del>	.86 Naushon Road	<u>1</u>		
Ciny Pawtucket	State RI	Zip	City	State	Zip	
		02861	. Pawtucket	RI	02861	
Director Name	GESSES OF THE DIE	RECTORS ("X" BOX F	OR ATTACHMENT)   FILL, IN	SPACES BEFORE USING	ATTACHMENTS	
Gary R. Reis			· None	Director Name		
Street Address	<del></del>	·				
86 Naushon Road			· Street Address			
City	State	Zip	• City	10.		
Pawtucket	RI	02861	·City	State	Zip	
Director Name			Director Name	l		
None			None			
Street Address		·	· Street Address		<del></del>	
·_ <del></del>			•			
City	State	Zip	.Ciry	State	Zip	
			·			
10. SHARES AUTHOR	IZED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED (*)	X" BOX FOR ATTACHMEN	$\mathcal{D}$	
AUTHORIZED SHARES  Number of Shares	Class/Series	n 1/.1	ISSUED SHARES			
	ClaspSeries	Par Value	Number of Shares	Class/Series	Par Value	
800 COMM NO PAR	VALUE	··-	100	Common	No Par Value	
This report must be sig	gned in ink by eithe	er the President, Vic	e President, Secretary, Assi.	stant Secretary, Treas	urer, Receiver or Truste	
			Linder secolo, «Coo	atomo Talanda a cara a Africa		
			this report including	rjury, I declare and affirm g any accompanying scheo	that I have examined	
*88854 DBC Q1/11/0	15 08:22:06 ALA*	<del>. ]</del>		its contained herein are to		
	00.22.00 AIVI			<b>7</b> •	, ,	
File Date	102	-		<u> </u>	14/05	
Check No. 4	59 3	,	Signature of Officer		Dale	
	Λ.	-	Gary R. Rei			
Ву:	)H'	_		Officer		
FOR SECRETARY OF STA	TE HEE ONLY		President			



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate 1D No. 2. Name of Corporation 88854 MED TECH., INC. 3. Street Address Principal Business Office State 19 MENDON **AVENUE** PAWTUCKET RI 02861 -4. Business Phone No. 5. State of Incorporation 6 SIC Code 4017269907 **RHODE ISLAND** 6650 7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE AMBULANCE SERVICES. ELNAMES AND ADDRESSES OF THE OFFICERS (PX BOX FOR ATTACHMENT). FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Gary R. Reis .Gary R. Reis Street Address Sireei Address 86 Naushon Road .86 Naushon Road Cin State City State Zip Pawtucket RI 02861 Pawtucket RI 02861 Treasurer Name Secretary Name Gary R. Reis Gary R. Reis \* Street Address Street Address 86 Naushon Road . 86 Naushon Road City \*City State Zip State Zip Pawtucket . Pawtucket RΤ 02861 RΙ 02861 9. NAMES AND ADDRESSES OF THE DIRECTORS (FX BOX FOR TACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Gary R. Reis None Street Address · Street Address 86 Naushon Road City State Zip •City State Zip Pawtucket 02861 RI Director Name Director Name None None Sireci Address ·Street Address Cirv State Zip Zip State IDISHARESAUTHORIZED (PXPBOXFORATTACHMENT) ID SHARES ISSUED (PXP BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Scries Par Value Number of Shares Class/Series Par Value 800 COMM NO PAR VALUE 100 Common No Par Value This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have examined

*88854	DBC	ρ1/2	20/04 02:19:54 PM*
File Date_	_3	A	104
Check No	37	P4	0
	10	 )	<del></del>

FOR SECRETARY OF STATE USE ONLY

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Gary R. Reis
Print or Type Name of Officer

President

Title of Officer

Form 630 12/01



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Corporate ID No. 88854 MED TECH, INC. 3. Street Address Principal Business Office Cirv State Ziρ 19 Mendon Avenue Pawtucket RI 02861 4. Basiness Phone No. 5. State of Incorporation 6. SIC Code 401-726-9907 RHODE ISLAND 6650 7. Brief Description of the Character of Business Conducted in Rhode Island To provide ambulance services and any and all other legal purposes. President Name Vice President Name GARY R. RBIS GARY R. REIS Street Address Street Address 86 Naushon Road . 86 Naushon Road State City Żφ State 20 **Pawtucket** RI RΙ 02861 Pawtucket 02861 Secretary Name Treasurer Name GARY R. REIS GARY R. REIS Street Address Street Address 86 Naushon Road .86 Naushon Road City State City Zip State Zip Pawtucket RI 02861 Pawtucket RI 02861 Director Name Director Name GARY R. REIS None Street Address . Street Address 86 Naushon Road City ·City State Zip State Ζip **Pawtucket** 02861 RI Director Name Director Name None None Street Address · Street Address City Sector .City Ζiρ State Zij **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class Series Par Value **800 COMM NO PAR VALUE** COMMON NO PAR 100 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date	4.29-03	
Check No.	2998	
	7	

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer Date

President - Gary R. Reis

Print or Type Name of Officer

President

Tale of Officer Form 630 12/01



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

North Main Street, Providence, RI 02903-1335 401-222-3040

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 88854 MED TECH., INC. 3. Street Address Principal Business Office City State 02861 19 Mendon Avenue Pawtucket RI 4. Business Phone No. 5. State of Incorporation 6. SIC Code 401-726-9907 **RHODE ISLAND** 6650 7. Brief Description of the Character of Business Conducted in Rhode Island To provide ambulance services and any and all other legal purposes. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Gary R. Reis Gary R. Reis Street Address Street Address 86 Naushon Road 86 Naushon Road State <sup>21</sup>02861 State Pawtucket RI 02861 Pawtucket RI Secretary Name Treasurer Name Gary R. Reis Gary R. Reis Street Address 86 Naushon Road 86 Naushon Road State ິດ2861 Pawtucket RI Pawtucket RI 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Gary R. Reis None Street Address Street Address 86 Naushon Road City State Zip Ó2861 Pawtucket RΙ Director Name Director Name None None Street Address Street Address City Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED) SHARES · ISSUED SHARES

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Number of Shares

- S

100

-	* 8 8 8 5 4 *
File Date:	3/27/2002
Check No.:	1888
By:	E STATE LISE ONLY

Class/Series

Number of Shares

800 COMM NO PAR VALUE

Under penalty of perjury, I declare	and affirm that I have examined
this report, including any accompa	inying schedules and statements, and
that all statements contained herei	
20	3/13/02
-Signature of Officer	' Date '
Gary R. Reis	
Print or Type Name of Officer	
Secretary	
Title of Officer	•

Class/Series

COMMON

Par Value

NO PAR

Ferm 630 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN I	BLACK)				
1. Corporate ID No. 88854	2. Name of Corpora				
3. Street Address Principal Busin 140 Smithfield			City	State	Zip 02000
4. Business Phone No.	Avenue	f facts of to conserve	Pawtucket	RI	02860
726-9907		5. State of Incorporati RHODE IS			6. SIC Code <b>6650</b>
<ol> <li>Brief Description of the Character</li> <li>To provide ambiguithment</li> </ol>			ıll other legal purpx	oses.	
8. NAMES AND ADDR President Name GARY R. REIS	ESSES OF THE OFF	ICERS (*X* BOX FOR AT	TACHMENT) FILL IN SPACES ! Vice President Name JOHN ALMON	BEFORE USING ATTAC	CHMENTS
street Address 86 Naushon Road	d		Street Address  90 Naushon Roa	ad	
City	State	ZIP	City	State	Zip
Pawtucket	RI	02861	Pawtucket	RI	02861
Secretary Name JOHN ALMON			Treasurer Name GARY R. REIS	••••	*** - *** ** ** .
Street Address 90 Naushon Road	d		Street Address 86 Naushon Roa	ad	•
City	State	Zip	City	State	Zip
Pawtucket	RI	02861	Pawtucket	RI	02861
9. NAMES AND ADDR	ESSES OF THE DIR	ECTORS ("X" BOX FOR	• 1455 ·	S BEFORE USING ATTA	ACHMENTS
Director Name			Director Name		
None			None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None.	• .	• • • • •
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORI.	ZED (*x* box for att	ACHMENT)	11. SHARES ISSUED (*	X* BOX FOR ATTACHMENT	r)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
800	COMMON	NO PAR	100	COMMON	NO PAR
					!
			t .		•

File Date:	4/12/200	)/
Check No.:	11,204	
By:	OB	,
FOR SECRETARY OF STATE USE ONLY	7	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

2-22-2001 Signature of Officer Date

GARY R. REIS Print or Type Name of Officer

President

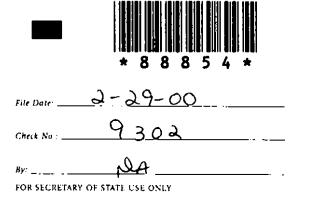
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP HI W R MI IMME COM

(FORM MUST BE TYPED IN BLA	CK)				
1. Corporate ID No.	2. Name of Corporal	tion			_
88854	MED TECH.	, INC.			
3. Street Address Principal Business	Office		City	State	ZIp
140 Smithfield Av 4. Business Phone No.	enue	5. State of Incorporation	Pawtucket	RI	02860 6. SIC Code
726-9907 7. Brief Description of the Character	of Business Conducted in	RHODE ISLAND n Rhode Island			6650
To provide ambula 8. NAMES AND ADDRES President Name			other legal purpose HMENT) FILLIN SPACES BE Vice President Name	s . FORE USING ATTACH	MENTS
GARY R. REIS Street Address			JOHN ALMON Street Address		
86 Naushon Road	* State	Zip	90 Naushon Road	State	Zip
Pawtucket Secretary Name	RI	02861	Pawtucket Treasurer Name	RI	02861
JOHN ALMON Street Address			GARY R. REIS Street Address		
90 Naushon Road			86 Naushon Road		
City	· State	Zip	City	State	Zip
Pawtucket	RI	02861	Pawtucket	RI	02861
9. NAMES AND ADDRES Director Name	SES OF THE DIRE	ECTORS ("x" BOX FOR ATT.	ACHMENT) FILL IN SPACES 1 Director Name	BEFORE USING ATTAC	CHMENTS
None Street Address			None Street Address		
Cuy	' State	Zip	City	State	Zip
Director Name			Director Name		
None street Address			None Siren Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR ATTA	ACHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
800 SHS COMM NO	PAR VALUE		100	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Citati penany of perfuty, i decian	e and annin that I have examined
	anying schedules and statements, and
that all statements contained here	in are true and correct.
<i>SO:</i>	2-14-00
Signature of Officer	Date
GARY R. REIS Print or Type Name of Officer	
President	



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, Rf 02903-1335 401-222-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

99 STOI

CK)				
2. Name of Corpora MED TECH	ion			
Office		City	State	Zip
Avenue		Pawtucket	RI	02860
	5. State of Incorporation	ın		6. SIC Code
of Business Conducted i				<b>6650</b> -
				IMENTS 7
		JOHN ALMON Street Address		· •
đ		90 Naushon Re	oad	
State	Zip	City	State	ZIp
RI	02861	Pawtucket Treasurer Name	RI	02861
		GARY R. REIS Street Address		, . <del></del> .
đ		86 Naushon Re	oad	
State	Zip	City	State	Zip
RI	02861	Pawtucket	RI	02861
SES OF THE DIR	ECTORS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACE Director Name	S BEFORE USING ATTA	CHMENTS
		None Street Address		
State	Zip	City	State	Zip
		Director Name	• • •	
		None		
		Street Address		
State	Zip	City	State	Zip —
D ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*	X° BOX FOR ATTACHMENT)	
Class/Series	Par Value	Number of Shares	Class/Series	Par Value
	MED TECH  Office Avenue  of Business Conducted if ance services SES OF THE OFFI  d  State RI  State RI  State  State  Office  State  State  State  State  State  State  State	MED TECH., INC.  Office  Avenue  S. State of Incorporation RHODE ISLAN  of Business Conducted in Rhode Island  ance services and any and all SES OF THE OFFICERS (*x* BOX FOR ATTACK  d  State Zip  RI 02861  SES OF THE DIRECTORS (*x* BOX FOR ATT  State Zip  State Zip  OCCUPATION OF THE DIRECTORS (*x* BOX FOR ATT  State Zip  State Zip  OCCUPATION OF THE DIRECTORS (*x* BOX FOR ATT)  State Zip	MED TECH., INC.  Office City  Avenue Pawtucket  5. State of Incorporation RHODE ISLAND  ref Business Conducted in Rhode Island ance services and any and all other legal purposes SES OF THE OFFICERS (*x* BOX FOR ATTACHMENT) FILL IN SPACES IN Vice President Name  JOHN ALMON Street Address  d 90 Naushon Refired GARY R. REIS Street Address  d 86 Naushon Refired State Zip City  RI 02861 Pawtucket Treasurer Name GARY R. REIS Street Address  d 86 Naushon Refired State Zip City  RI 02861 Pawtucket SES OF THE DIRECTORS (*x* BOX FOR ATTACHMENT) FILL IN SPACE Director Name None Street Address  State Zip City  Director Name None Street Address	MED TECH., INC.  Office  City  Pawtucket  RI  S. State of Incorporation RHODE ISLAND  Of Business Conducted in Rhode Island  ance services and any and all other legal purposes.  SES OF THE OFFICERS ("x" BOX FOR ATTACHMENT)  Vice President Name  JOHN ALMON  Street Address  d  90 Naushon Road  City  RI  02861  Pawtucket  RI  Treasure Name  GARY R. REIS  Street Address  d  86 Naushon Road  City  State  Zip  City  State  Zip  City  State  Street Address  Street



File Date: _		
	Committee of the second	
Check No.:	APR 1 6 1999	
\Ву:	-: Dn 8665	
R SECRE	TARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, Including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Date

3-25-99

GARY R. REIS

Print or Type Name of Officer

PRESIDENT



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, Ri 02903-1335 401-277-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PILAM READ INSTRUCTIONS

· ······ · · · · · · · · · · · · · · ·	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 1 1ct. \$50.0	, ,		( INSTRUCT
(FORM MUST BE TYPED IN	BLACK)				
1. Corporate ID No.	2 Name of Corp	oration		•	
88854	MED T	ECH, INC.			
3. Street Address Principal Busi	ness Office	·	City	State	·Zip
140 Smithfi	ield Avenue		Pawtucket	RI	02860
4. Business Phone No.		5. State of Incorpora	etion		6. SIC Code
726-9907		RHODE J	SLAND		6650
7 Brief Description of the Char	acter of Business Conduct			•	0000
To provide a	ambulance s	ervices and a	ny and all other	legal purposes	3.
8. NAMES AND ADDR				- <del>-</del> - • • .	
President Name			Vice President Name		
Gary R. Reis			John Almon Street Address		
86 Nauson Roa	d		90 Naushon F	Road	
City	State	Zip	City	State	Zip
Pawtucket	RI	02861	Pawtucket	RI	02861
Secretary Name			Treasurer Name		·
John Almon Street Addiess			Gary R. Reis	5	
90 Naushon Ro	ad		86 Naushon F	Road	
City	State	Zip	City	State	Zip
Pawtucket	RI	02861	Pawtucket	RI	02861
9. NAMES AND ADDE	RESSES OF THE D	RECTORS ("X" BOX FOR	R ATTACHMENT)		•
Director Name			Director Name		
None			None		
Street Address			Street Address		•
City	State	Zip	City	State	Zip
Director Name			Director Name		
None			None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORI	ZED (*x* BOX FOR )	ATTACHMENT)	11. SHARES ISSUED (* ISSUED SHARES	X° BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
800	Common	No Par	100	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	4.71.98	
File Date:	101 10	
Check No.: _	7976	
Ву:	WP	
FOR SECRET	TARY OF STATE LISE ONLY	

Under penalty of perjury, I decla	ire and affirm that I have examined
this report, lycluding any accom	ipanying schedules and statements, an
that all statingents contained he	rein are true and correct.
	4-16.58
Signature of Officer	Date
GARY R. REIS	
Print or Type Name of Officer	



James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

#### PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 88854 MED TECH., INC. 3. Street Address Principal Business Office City 655 Roosevelt Avenue 02860 Pawtucket RI 4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** (401) 726-9907 7. Brief Description of the Character of Business Conducted in Rhode Island To provide ambulance services and any and all other legal purposes 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name Gary R. Reis John Almon Street Address Street Address 86 Naushon Road 90 Naushon Road State RI Pawtucket 0286<u>1</u> 6286i Pawtucket RI Secretary Name - Treasurer Name John Almon Cary R. Reis Street Address Street Address 86 Naushon Road 90 Naushon Road State City <sup>zip</sup>02861 2.10 State RI 02861 Pawtucket RI Pawtucke t 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Street Address Street Address City City State 2,10 State Zip Director Name Director Name Street Address Street Address

10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

State

AUTHORIZED SHARES

ISSUED SHARES

City

Number of Shares

City

Class/Series

Par Value

Zio

Number of Chaire

Number of Shares

Class/Series

State

Par Value

Zip

**800 SHS COMM NO PAR VALUE** 

none

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 8 8 5 4 *
File Date:	3/7/97
Check No.:	3647
By:	STATE LISE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained free are true and correct.

2/27/97

\*\*Emature and ices\*\*

Date

Cary R. Reis, President/Treasurer

Print or Type Name of Officer