

No. 55791	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1991	2. Registered Agent and Office NOT A P.O. BOX
Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  <b>** FINAL NOTICE **</b> <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct If Not Correct	HENRY L. JONES P. O. BOX 3  NORDMAN ID 83848
	PRIEST LAKE EMERGENCY MEDICAL T HENRY L. JONES P. O. BOX 3  NORDMAN ID 83848 0000	3. Incorporated Under The Laws of ID NO: 055791

## 4. Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	JARRE JARRETT	P.O. Box 3	NORDMAN	ID	83848
Secretary:	LEN PHELIPS	P.O. Box 3	NORDMAN	ID	83848
Directors:	SHERLEY GARRETT	P.O. Box 3	NORDMAN	ID	83848
	STEVEN WEST	P.O. Box 3	NORDMAN	ID	83848
	CARLA BERGER	P.O. Box 3	NORDMAN	ID	83848

## 5. Nature of Business

VOLUNTEER  
AMBULANCE SERVICE

## 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

Name (Typed or Printed)

*Steven E. West*  
STEVEN E. WEST

Date

Title

10/31/91  
TREASURER