

C 73047

Annual Report Form

Due No Later Than November 30, 1997

2. Registered Agent and Office NOT A P.O. BOX

Return to:  
SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080  
**NO FEE REQUIRED**

1. Mailing Address - Please Correct, If Not Correct

AMBULANCE SERVICE, INC.  
R. MILLEP  
BOX 164

C. ROBERT PRATT  
701 CEDAR STREET

NEZPERCE ID 83543

3. Organized Under the Laws of

ID C 73047

\* FIRST NOTICE \*

NEZPERCE ID 83543

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**  
Limited Liability Companies: Enter Names and Addresses of  Managers or  Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
PRESIDENT	SHARI KUTHER	RT 1 BOX 1	NEZPERCE	ID	83543
SECRETARY	ROBERT GALLEY	PO BOX 2	NEZPERCE	ID	83543
DIRECTOR	WELDON (MAX) BRADLEY	PO BOX 254	NEZPERCE	ID	83543
DIRECTOR	HAZEL EGGERS	HCR 1 BOX 83	NEZPERCE	ID	83543
DIRECTOR	CARROLL KEITH	PO BOX 399	NEZPERCE	ID	83543
DIRECTOR	BARBARA McLEOD	HCR 1 BOX 32A	NEZPERCE	ID	83543
DIRECTOR	MARY LOU PUCKETT	PO BOX 88	NEZPERCE	ID	83543

5.

6.  
Signature Robert Galley Date 10/02/97  
Name (Typed or Printed) ROBERT GALLEY Title SECRETARY

ISSUED: 07-04-1997

DO NOT TAPE OR STAPLE

12030