No. C 60683		Due no later than Mar 31, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. LOWMAN AMBULANCE, INC. CINDY REKOW 8002 HWY 21 LOWMAN ID 83637		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				19 BRANSON LOWMAN ID	FRED SCOTT 19 BRANSONS DR LOWMAN ID 83637 3. New Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).								
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
TREASURER	DEE PHELPS CHRISTINE WAGNER CINDY REKOW		6 SCENIC CIR	LOWMAN	ID	USA	83637	
SECRETARY VICE PRESIDENT			44 RIVER FRONT ROAD 60 MARANATHA	LOWMAN LOWMAN	ID ID	USA USA	83637 83637	
PRESIDENT	FRED SCOT		19 BRANSONS DRIVE	LOWMAN	ID	USA	83637	
5. Organized Under the Laws of:		6. Annual Report						
ID C 60683		Signature: Chr		Date: 03/11/2016				
		Name (type or		Title: Secretary				
Processed 03/11/2016 * Electronically provided signatures are accepted as original signatures.								