

No. C 63491		Due no later than Mar 31, 2010 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. HARRISON AMBULANCE ASSOCIATION, INC. (THE) VICKI VEDDER BOX 188 HARRISON ID 83833 USA		VICKI VEDDER BOX 188 HARRISON ID 83833		
				3. <u>New</u> 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
DIRECTOR	JOE KING	1477 E THIMBLEBERRY LN	HARRISON	ID	USA	83833
DIRECTOR	LESLIE COVEY	211 S GETAWAY CRT	HARRISON	ID	USA	83833
DIRECTOR	WILL BUTLER	451 LAKEFRONT PO BOX 303	HARRISON	ID	USA	83833
DIRECTOR	ED GOSSETT	5257 E HARLOW PT RD	HARRISON	ID	USA	83833
DIRECTOR	MAXINE CHRISTENSEN	55779 S HWY 97	ST MARIES	ID	USA	83861
DIRECTOR	LORRAINE THIELE	13876 S RIDGEVIEW DR	HARRISON	ID	USA	83833
DIRECTOR	CHRIS MUENCH	28785 S GEM RD	HARRISON	ID	USA	83833
TREASURER	LESLIE J COVEY	211 S GETAWAY CRT	HARRISON	ID	USA	83833
SECRETARY	GALA MUENCH	28785 S GEM RD	HARRISON	ID	USA	83833
PRESIDENT	JEFF WICKHAM	23516 S HIGHWAY 97	HARRISON	ID	USA	83833
5. Organized Under the Laws of: ID C 63491		6. Annual Report must be signed.* Signature: Vicki Vedder Name (type or print): Vicki Vedder Date: 01/14/2010 Title: Office Manager				
Processed 01/14/2010		* Electronically provided signatures are accepted as original signatures.				