No. C 91781		Due no later than Mar 31, 2013		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		to the second to the second to the second to	ROBERT D LARSEN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. COMMUNITY AMBULANCE SERVICE, INC. ROBERT D LARSEN 124 W. BROWN		124 W. BROWN BOX 269 KELLOGG ID 83837-0269				
NO FILING FEE IF RECEIVED BY DUE DATE		P.O. BOX 269 KELLOGG ID 83837-0269 USA		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	
SECRETARY VICE PRESIDENT PRESIDENT	BRIAN R. LARSEN IT GARY L. LARSEN ROBERT D. LARSEN		124 W. BROWN AVE. P.O. BOX 269 124 W. BROWN AVE. P.O. BOX 269 124 W. BROWN AVE. P.O.BOX 269	KELLOGG KELLOGG KELLOGG	ID ID ID	USA USA USA	83837-0269 83837-0269 83837-0269	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 91781		Signature: Robert D		Date: 02/13/2013				
		Name (type or print): Robert D. Larsen			Title: President			
Processed 02/13/2013	* Electronically provided signatures are accepted as original signatures.							