

No. <b>C 118743</b>		<b>Due no later than Mar 31, 2014</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		RUSSELL SCHENCK 419 W FOURTH ST CLARK FORK ID 83811			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		CLARK FORK VALLEY AMBULANCE, INC. RUSSELL SCHENCK PO BOX 464 CLARK FORK ID 83811					
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	JACK MILLER	PO BOX 310	HOPE	ID	USA	83836	
SECRETARY	RUTH GAW	58114 HWY 200	CLARK FORK	ID	USA	83811	
DIRECTOR	STEPHEN HIGGINS	6561 RIVER RD	CLARK FORK	ID	USA	83811	
PRESIDENT	RUSSELL SCHENCK	PO BOX 8	CLARK FORK	ID	USA	83811	
DIRECTOR	ROBERT HAYS	PO BOX 207	CLARK FORK	ID	USA	83811	
DIRECTOR	WILLIAM HARP	PO BOX 97	CLARK FORK	ID	USA	83811	
TREASURER	CRISS FOSSELMAN	P.O. BOX 381	HOPE	ID	USA	83836	
DIRECTOR	DORA D MILLER	P.O. BOX 310	HOPE	ID	USA	83836	
VICE PRESIDENT	VICKI WOODWARD	P.O. BOX 7	CLARK FORK	ID	USA	83811	
5. Organized Under the Laws of: <b>ID</b> <b>C 118743</b>		6. Annual Report must be signed.* Signature: Cristina Fosselman Name (type or print): Cristina Fosselman		Date: 02/09/2014 Title: Treasurer			
Processed 02/09/2014		* Electronically provided signatures are accepted as original signatures.					