

No. C 43690		Due no later than Apr 30, 2013 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. WORLEY AMBULANCE ASSOCIATION, INC. CHARLENE E WADDELL BOX 69 WORLEY ID 83876-0069 USA		CHARLENE WADDELL W9816 I STREET WORLEY ID 83876-0069		
				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	SHANNON E GILBERT	PO BOX 324	WORLEY	ID	USA	83876-0324
DIRECTOR	MERRILYN REEVES	101 HAYNES LANE	PLUMMER	ID	USA	83851-0324
DIRECTOR	PATRICIA NIGH	PO BOX 32	WORLEY	ID	USA	83876-0032
TREASURER	CHARLENE E WADDELL	POI BOX 69	WORLEY	ID	USA	83876-0069
SECRETARY	CHARLENE E WADDELL	PO BOX 69	WORLEY	ID	USA	83876-0069
PRESIDENT	WILLIAM W WADDELL	PO BOX 69	WORLEY	ID	USA	83876-0069
5. Organized Under the Laws of: ID C 43690		6. Annual Report must be signed.* Signature: Charlene Name (type or print): Charlene		Date: 02/13/2013 Title: Secretary- Treasurer		
Processed 02/13/2013		* Electronically provided signatures are accepted as original signatures.				