<u> </u>	INSTRUCT	IQNS ON REVERSE SIDE	-			
No. 88212 Idaho Corpora		tion Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX		
Return To	Due No Later The	e No Later Than November 1,		LES KODANOS 202 CEDAR STREET PRIEST RIVER ID 83856 3. Incorporated Under The Laws		
Secretary of State Room 203, Statehouse Boise, ID 83720	PRIEST RIVER EMT ASSOCIATION, I LES KOKANOS 202 CEDAR STREET		I			
* FIRST NOTICE * NO FEE REQUIRED	P.O. BOX 635	5		of ID NO: 3821.		/8
4. Names and Addresses of Officer	s and Directors	MUST BE PRINTED	OA C	TYPEO		
	Name	Street or P.O. Address		City	Ste	<u>ite Zip</u>
President: LES KOKANOS Secretary: SHERRY MUND Directors: JOHN ZIESKE JUDY KOKANO JEANNE BANK	S	P.O. BOX 635, RT 1, BOX 539, P.O. BOX 1084, P.O. BOX 635, P.O. BOX 1585,	PRIE PRIE PRIE	ST RIVER ST RIVER ST RIVER ST RIVER	ID ID ID ID	83856 83856 83856 83856 83856
5. Nature of Business OLUNTEER AMBULANCE SERVICE	Signature	this Annual Report has been eand complete. Note: Manual Report has been eand complete. Note: Manual Report has been eand complete.	examined	Date	the best of i	3