No. C 139307		Due no later than Jun 30, 2006		2. Registered A	2. Registered Agent and Address (NO PO BOX) GARY L RUSSELL 311 W D ST SHOSHONE ID 83352 3. New Registered Agent Signature:*			
Return to:		Annual Report Form		GARY L RUS				
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. SIMS AMBULANCE, INC. MELODY RUSSELL PO BOX 692 SHOSHONE ID 83352		SHOSHONE				
4. Corporations: Enter I	Names and Busin	ess Addresses of	President, Secretary, and Directors. Trea	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT DIRECTOR SECRETARY	GARY L RUSSELL NECIA M MCDONALD MELODY A RUSSELL		PO BOX 692 417 S. ALTA PO BOX 692	SHOSHONE SHOSHONE SHOSHONE	ID ID ID	USA USA USA	83352 83352 83352	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
IDA HO C 139307		Signature: Me		Date: 04/11/2006				
		Name (type o		Title: Secretary				
Processed 04/11/2006		* Electronically p	rovided signatures are accepted as origir	nal signatures.				