

Annual Report Form

Due No Later Than November 30,

1997

2. Registered Agent and Office NOT A P.O. BOX

Return to:

 SECRETARY OF STATE
 700 WEST JEFFERSON
 PO BOX 83720
 BOISE, ID 83720-0080

NO FEE REQUIRED

1. Mailing Address - Please Correct, If Not Correct

 PRIEST RIVER EMT ASSOCIATION
 SHERRY MUNDY
 P O BOX 1515

 LES KODANOS
 702 CEDAR STREET

PRIEST RIVER ID 83856

3. Organized Under the Laws of:

ID C 98212

** FINAL NOTICE **

 4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
 Limited Liability Companies: Enter Names and Addresses of ☐ **Managers** or ☐ **Members** (check one)

Office held

Name

Street or P.O. Address

City

State

Zip

President	Fred Charland	PO Box 1591	Priest River	ID	83856
V. President	Bruce Hollett	Rt 1 Box 261	Priest River	ID	83856
Secretary	Chelsea Hollett	Rt 1 Box 261	Priest River	ID	83856
Treasurer	Mary Beth Smyth	PO Box 0001	Laclede	ID	83841
Liaison	Sherry Mundy	138 Mundy Lane	Priest River	ID	83856

5.

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

 Signature Sherry Mundy

 Date 10/20/97

 Name (Typed or Printed) Sherry Mundy

 Title Liaison

ISSUED: 10-04-1997

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