

No. 73047	Idaho Corporation Annual Report Form	2. Registered Agent and Office
Return To	<i>Due No Later Than November 1, 1990</i>	C. ROBERT PRATT 701 CEDAR STREET
Secretary of State Room 203, Statehouse Boise, ID 83720	1. Mailing Address — <i>Please Correct</i>	NEZPERCE ID 83543
NO FEE REQUIRED	AMBULANCE SERVICE, INC. C. ROBERT PRATT P.O. BOX 304	3. Incorporated Under The Laws of ID
	NEZPERCE ID 83543	NO: 073047

4. Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	C. Robert Pratt	P.O. Box 304	Nezperce,	Idaho	83543
Secretary:	Robert Gailey	P.O. Box 2	Nezperce,	Idaho	83543
Directors:	Neil Miller	411 5th St.	Nezperce,	Idaho	83543
	Joe A. Leitch	612 Walnut	Nezperce,	Idaho	83543
	Fred Riggers	609 Maple	Nezperce,	Idaho	83543
	Mary Lou Puckett	811 5th St.	Nezperce,	Idaho	83543
	Loren G. Knutson	505 Oak	Nezperce,	Idaho	83543

5. Nature of Business

Ambulance Service

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

Name

(Typed or Printed)

C. Robert Pratt

Date

Title

7/17/90

President