INSTRUCTIONS ON REVERSE SIDE

ISSUED JULY 1, 1989

No. 34317

Idaho Corporation Annual Report Form

Due No Later Than November 1, 1989

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

SEC. OF STATE

89 AUG 4 AM 9 04

NO FEE REQUIRED

1. Mailing Address — *Please Correct* 34317

SPIRIT LAKE AMBULANCE CORPS, INC
JOSEPH MILLER
P.O. BOX 384

SPIRIT LAKE IDAHO ID 83869

2. Registered Agent and Office

JOSEPH MILLER
P. O. BOX 279

SPIRIT LAKE ID 83869

3. Incorporated Under The Laws of IDAHO

NO: 34317

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Zip
President:	Joseph c.Miller	P.O.BOX 279	Spirit Lake	ID.	83869
Secretary:	Joyce Bonar	HC 1 BOX 12 A	Spirit Lake	ID.	83869
Directors:	Fern E. Miller	P.O.BOX 279	Spirit Lake	ID.	83869
	Leo Smith	P.O.BOX 429	Spirit Lake	ID.	83869
	Joy Smith	" "	" "		
	Patricia Wilson	P.O.BOX 549	Spirit Lake	ID.	83869
	Jacqueline Dolph	P.O.BOX 544	Spirit Lake	ID.	83869

5. Nature of Business

AMBULANCE

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 Joseph C Miller Date 7/18/89

Name (Typed or Printed) JOSEPH C. MILLER Title PRESIDENT