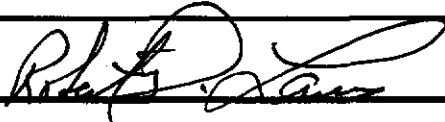


No. C 91781	Due no later than Mar 31, 2011 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) ROBERT D LARSEN 124 W. BROWN P.O. BOX 269 KELLOGG ID 83837			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. COMMUNITY AMBULANCE SERVICE, INC. ROBERT D LARSEN 124 W. BROWN P.O. BOX 269 KELLOGG ID 83837		3. <u>New</u> Registered Agent Signature.			
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
President	Robert D. Larsen	Box 269	Kellogg	ID	US	83837
Vice Pres	Gary L. Larsen	Box 269	Kellogg	ID	US	83837
Sec/Treas	Brian R. Larsen	Box 269	Kellogg	ID	US	83837
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO C 91781 </div>		6. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 70%;"> Signature:  <hr/> Name (type or print): Robert D. Larsen </div> <div style="width: 25%; text-align: right;"> Date: 02/23/2011 <hr/> Title: President </div> </div>				
Issued 01/31/2011 by JL1			111880			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

Block 3: Only a new registered agent must sign in Block 3.