

INSTRUCTIONS ON REVERSE SIDE

No. 73047		Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX		
Return To Secretary of State Room 203, Statehouse Boise, ID 83720		Due No Later Than November 1, 1993 1. Mailing Address <i>(This is the address of the corporation)</i>		C. ROBERT PRATT 701 CEDAR STREET		
** FINAL NOTICE ** NO FEE REQUIRED		AMBULANCE SERVICE, INC. C. ROBERT PRATT P.O. BOX 304 NEZPERCE ID 83543		NEZPERCE ID 83543		
4. Names and Addresses of Officers and Directors		MUST BE PRINTED OR TYPED				
Name	Street or P.O. Address	City	State	Zip		
President: Perry M. Larson	Box 405	Nezperce	ID	83543		
Secretary: Bob Gaitay	706 Beech	"	"	"		
Directors: Max Bradley	910 2nd	"	"	"		
Marvin Berry	205 Beech	"	"	"		
Lloyd Parrill	702 Pine	"	"	"		
Mary Lou Puckett	811 5th	"	"	"		
C. Robert Pratt	701 Cedar	"	"	"		
Dave Kopel	Susie Creek Rd.	"	"	"		
5. Nature of Business		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.				
Ambulance Service		Signature <i>Perry M. Larson</i> Name <i>(Typed or Printed)</i> <i>Perry M. Larson</i>				
		Date <i>10-26-93</i> Title <i>President</i>				