No. C 53453		Due no later than May 31, 2013		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. MEADOWS VALLEY AMBULANCE SERVICE, INC. DAVE JOHNSON PO BOX 532			DALE ROACH 4052 GRANITE VIEW RD NEW MEADOWS ID 83654			
NO FILING FEE IF RECEIVED BY DUE DATE		NEW MEADOWS ID 83654-0532		3. <u>New</u> Registered	3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Na	ames and Busin	ess Addresses of	President, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	DALE ROACH		P.O. BOX 45	NEW MEADOWS	ID	USA	83654-0045	
DIRECTOR	LEROY BRADEN		P.O. BOX 262	NEW MEADOWS	ID	USA	83654-0262	
DIRECTOR	JACOB QUALLS		P.O. BOX 261	NEW MEADOWS	ID	USA	83654-0261	
VICE PRESIDENT	DENT SHANNA ROFF		P.O. BOX 480	NEW MEADOWS	ID	USA	83654-0480	
TREASURER	URER LINNEA HALL		4220 HIGHWAY 95	NEW MEADOWS	ID	USA	83654-0480	
DIRECTOR	IRECTOR BARRY BLOOM		P.O. BOX 760	NEW MEADOWS	ID	USA	83654-0760	
DIRECTOR	PAT F BLOOM		P.O. BOX 760	NEW MEADOWS	ID	USA	83654-0760	
SECRETARY	RY DAVE JOHNSON		P.O. BOX 75	NEW MEADOWS	ID	USA	83654-0075	
DIRECTOR	DIRECTOR LINDA JOHNSON		PO BOX 75	NEW MEADOWS	ID	USA	83654-0075	
DIRECTOR	DR JOHNNY BROWN, JR		PO BOX 242	NEW MEADOWS	ID	USA	83654-0242	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Da	ive	Date: 0	Date: 03/19/2013			
C 53453		Name (type o	Title:	Title: Johnson				
Processed 03/19/2013		* Electronically p	rovided signatures are accepted as origina	al signatures.				