

No. C 63491		Due no later than Mar 31, 2018		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. HARRISON AMBULANCE ASSOCIATION, INC. (THE) LESLIE J COVEY BOX 188 101 E FREDERICK AVE HARRISON ID 83833		LESLIE COVEY BOX 188 101 E FREDERICK AVE HARRISON ID 83833		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	MONTE WHITE	24574 BRENDA RD	ST MARIES	ID	USA	83861
PRESIDENT	JIM FRUEHAN	PO BOX 118	HARRISON	ID	USA	83833
DIRECTOR	GARY HIGH	867 E PINE RIDGE RD	HARRISON	ID	USA	83833
DIRECTOR	LORRAINE THIELE	13876 S RIDGEVIEW DR	HARRISON	ID	USA	83833
DIRECTOR	DEAN BERNACKI	1525 RED BARN RD	HARRISON	ID	USA	83833
TREASURER	LESLIE J COVEY	211 S GETAWAY CRT	HARRISON	ID	USA	83833
DIRECTOR	LAURA ANDERSEN	12825 E ROSEWOOD DR	ST MARIES	ID	USA	83861
VICE PRESIDENT	TAMARA STEWART	17025 S ASBURY RD	HARRISON	ID	USA	83833
SECRETARY	KIMMY GALLE	PO BOX 207	HARRISON	ID	USA	83833
5. Organized Under the Laws of: ID C 63491		6. Annual Report must be signed.* Signature: LESLIE COVEY Name (type or print): LESLIE COVEY Date: 01/24/2018 Title: REGISTERED AGENT				
Processed 01/24/2018		* Electronically provided signatures are accepted as original signatures.				