

<b>No. 63491</b>  Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  <b>** FINAL NOTICE **</b> <b>NO FEE REQUIRED</b>	<b>Idaho Corporation Annual Report Form</b>  <i>Due No Later Than November 1,</i>  <b>1. Mailing Address — Please Correct</b>  <b>HARRISON AMBULANCE ASSOCIAT</b> <b>MAXINE CHRISTENSEN</b> <b>BOX 188</b>  <b>HARRISON ID 83833</b>	<b>2. Registered Agent and Office</b>  <b>MAXINE CHRISTENSEN</b> <b>BOX 188</b>  <b>HARRISON ID 83833</b>  <b>3. Incorporated Under The Laws</b> of <b>ID</b>  <b>No: 063491</b>
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4. Names and Addresses of Officers and Directors					
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	EARL DERRY	RT. 2 BOX 216	ST. MARIES	ID	83861
Secretary:	JAN STURGILL	PO BOX 122	HARRISON	ID	83833
Directors:	FRED MUHS	RT. 2 BOX 153	ST. MARIES	ID	83861
	JOAN MONTEE	HCR 2 BOX 117	ST. MARIES	ID	83861
	JOHN NIGH	RT. 2 BOX 176	HARRISON	ID	83833
	DEANIE CURRY	PO BOX 167	HARRISON	ID	83833
	DIC ROBINS	PO BOX 185	HARRISON	ID	83833
	EARL DERRY	RT. 2 BOX 216	ST. MARIES	ID	83861

  

<b>5. Nature of Business</b>  <b>Ambulance Service</b>	<b>6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.</b>  Signature <u><i>Wilma Christensen</i></u> Date <u>10-30-90</u> Name <small>(Typed or Printed)</small> <b>WILMA CHRISTENSEN</b> Title <b>TREASURER</b>
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