

No. C 118743		Due no later than Mar 31, 2009 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. CLARK FORK VALLEY AMBULANCE, INC. RUSSELL SCHENCK PO BOX 464 CLARK FORK ID 83811		RUSSELL SCHENCK 419 W FOURTH ST CLARK FORK ID 83811			
						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	JACK MILLER	PO BOX 310	HOPE	ID	USA	83836	
SECRETARY	RUTH GAW	58114 HWY 200	CLARK FORK	ID	USA	83811	
TREASURER	CHRISTINA K GARMAN	PO BOX 640	CLARK FORK	ID	USA	83811	
DIRECTOR	STEPHEN HIGGINS	6561 RIVER RD	CLARK FORK	ID	USA	83811	
DIRECTOR	RUSSELL SCHENCK	PO BOX 8	CLARK FORK	ID	USA	83811	
DIRECTOR	ROBERT HAYS	PO BOX 207	CLARK FORK	ID	USA	83811	
DIRECTOR	WILLIAM HARP	PO BOX 97	CLARK FORK	ID	USA	83811	
5. Organized Under the Laws of: ID C 118743		6. Annual Report must be signed.* Signature: Christina K Garman Name (type or print): Christina K Garman					
		Date: 04/06/2009 Title: Treasurer					
Processed 04/06/2009 * Electronically provided signatures are accepted as original signatures.							