

0. C 83823

Annual Report Form

Due No Later Than November 30, 1996

2. Registered Agent and Office NOT A P.O. BOX

Return to:  
SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080  
  
NO FEE REQUIRED

1. Mailing Address - Please Correct, If Not Correct

ARROW AMBULANCE, INC.  
~~JANIS E. FENTON~~  
P.O. BOX 2126

~~JANIS E. FENTON~~  
~~2411 GOVERNMENT WAY~~  
~~BILL DERUYTER~~  
~~COEUR D'ALENE ID 83816~~

3. Organized Under the Laws of:

\* FIRST NOTICE \*

COEUR D'ALENE ID 83816

ID C 83823

4. Corporations: Enter Names and Addresses of President, Secretary and Directors  
Limited Liability Companies: Enter Names and Addresses of  Managers or  Members (check one)

133 POPLAR AVE  
COEUR d'Alene ID

Office held

Name

Street or P.O. Address

City

State 83816 Zip

PRESIDENT BUD H. KOPP 17411 76<sup>TH</sup> AVE W.  
EDMONDS WA 98026

~~REGISTERED AGENT:~~

~~BILL WOOD~~

~~EARNIE MADLEY SMITH/SPICERMAN~~  
~~2200 COLUMBIA CTR~~  
~~701 5<sup>TH</sup> AVE SEATTLE WA~~  
~~98104~~

5. NATURE OF BUSINESS

AMBULANCE

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature

*Bud H. Kopp*

Date

10/14/96

Name (Typed or Printed)

BUD H. KOPP

Title

PRES.

ISSUED: 07-06-1996

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