No. **C 60683**	**Due no later than Mar 31, 2015** **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.** LOWMAN AMBULANCE, INC. CINDY REKOW 8002 HWY 21 LOWMAN ID 83637	FRED SCOTT 19 BRANSONS DR LOWMAN 83637 3. New 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
TREASURER	DEE PHELPS	6 SCENIC CIR	LOWMAN	ID	USA	83637
SECRETARY	CHRISTINE WAGNER	44 RIVER FRONT ROAD	LOWMAN	ID	USA	83637
VICE PRESIDENT	CINDY REKOW	60 MARANATHA	LOWMAN	ID	USA	83637
PRESIDENT	FRED SCOTT	19 BRANSONS DRIVE	LOWMAN	ID	USA	83637

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 60683**	Signature: Christine Wagner	Date: 03/08/2015
	Name (type or print): Christine Wagner	Title: Secretary

Processed 03/08/2015

* Electronically provided signatures are accepted as original signatures.