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|--|--------------------|--|----------|--|---------|-------------|--|
| No. C 73047 | | Due no later than Jun 30, 2013 | | 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. AMBULANCE SERVICE, INC. PATRICIA D BARNETT BOX 164 NEZPERCE ID 83543 USA | | PATRICIA D BARNETT 102 3RD AVE NEZPERCE ID 83543 | | | |
| | | | | 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 | |
| TREASURER | PATRICIA D BARNETT | PO BOX 24 | NEZPERCE | ID | USA | 83543 | |
| SECRETARY | MARCI STAPLETON | 2365 SHORTCUT RD | NEZPERCE | ID | USA | 83543 | |
| PRESIDENT | SHARI KUTHER | 1690 JOHNSON RD | NEZPERCE | ID | USA | 83543 | |
| 5. Organized Under the Laws of: ID C 73047 | | 6. Annual Report must be signed.* Signature: Patty Barnett Name (type or print): Patty Barnett Date: 06/24/2013 Title: Treasurer | | | | | |
| Processed 06/24/2013 | | * Electronically provided signatures are accepted as original signatures. | | | | | |