	NOTTIO	TIONS ON REVERSE SIDE	ISSUED JULY	·
No. 36110	Idaho Corporati	on Annual Report Form	2. Registered Agent a	nd Office F Douglas Recu
Return To Secretary of State Room 202 State Boise: 15 83720 SEC. OF STATE	Due No Later Tha	n November 1,1989	>00 1166	J.
	1. Mailing Address - Ple	ase Correct 36110	R+ 4 Box	
		TEER AMBULANCE SE	R BONNERS FERRY	y ID 83
	PRESIDENT P. O. BOX 441		3. Incorporated Under The Laws	
	· 1 3.		of IDAHO	THE LAWS
89 AUGE10 E THE REDY	SONNERS FERRY	ID 83805		
89 Une to III.				No: 3611
4. Names and Addresses of Offic	ers and Directors			
	<u>Name</u>	Street or P.O. Address	City	<u>State</u> <u>Zip</u>
President: Dougla Secretary:	s A. Reoch Early odner	Rt 4 Box 5570 R+ 1 Box 499A P.O. Box 562	Bonners Ferry Haples Moyle Springs	Id. 83845-
Directors: Dave B	odner	P.O. DOX 3211		
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		A this Assured Depart has been	evening d by me and in to the	oo host of my knowledge
5. Nature of Business	6. I certify that	ut this Annual Report has been	examined by me and is to th	ne best of my knowledge
	true, correc	et and complete.	L Date	ne best of my knowledge 8-1-89 President