

No. <b>C 53453</b>		Due no later than May 31, 2015 <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> MEADOWS VALLEY AMBULANCE SERVICE, INC. DAVE JOHNSON PO BOX 532 NEW MEADOWS ID 83654-0532		DALE ROACH 4052 GRANITE VIEW RD NEW MEADOWS 83654		
				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
PRESIDENT	DALE ROACH	P.O. BOX 45	NEW MEADOWS	ID	USA	83654-0045
DIRECTOR	JACOB QUALLS	P.O. BOX 261	NEW MEADOWS	ID	USA	83654-0261
VICE PRESIDENT	SHANNA ROFF	P.O. BOX 480	NEW MEADOWS	ID	USA	83654-0480
DIRECTOR	LINNEA HALL	4220 HIGHWAY 95	NEW MEADOWS	ID	USA	83654-0480
SECRETARY	DAVE JOHNSON	P.O. BOX 75	NEW MEADOWS	ID	USA	83654-0075
DIRECTOR	LINDA JOHNSON	PO BOX 75	NEW MEADOWS	ID	USA	83654-0075
DIRECTOR	BRIAN YOAKUM	PO BOX 111	NEW MEADOWS	ID	USA	83654
TREASURER	JACK HELLBUSCH	PO BOX 677	NEW MEADOWS	ID	USA	83654
5. Organized Under the Laws of:  <b>ID C 53453</b>		6. Annual Report must be signed.* Signature: David K. Johnson Name (type or print): David K. Johnson				
		Date: 04/16/2015 Title: Secretary				
Processed 04/16/2015		* Electronically provided signatures are accepted as original signatures.				