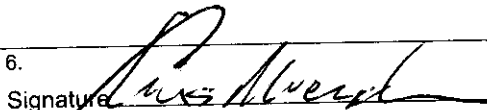


No. C 63491	Due no later than Mar 31, 2002 Annual Report Form	2. Registered Agent and Office NO PO BOX DEANNIE CURRY BOX 188 HARRISON, ID 83833
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable HARRISON AMBULANCE ASSOCIATION, INC DENNIE CURRY BOX 188 HARRISON, ID 83833	3. <u>New</u> Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT	MUENCH, Chris	28785 S. GEN Rd.	Harrison	ID	83833-9704
SECRETARY	CHRISTENSEN, Natalie	RR2, BOX 148	St. Maries	ID	83861
DIRECTORS	CURRY, Deanie	Box 167	Harrison	ID	83833
	CHRISTENSEN, Maxine	RR2, BOX 147	St. Maries	ID	83861
	COPE, Ginny	251 Park Ave.	Harrison	ID	83833
	RODRICKS, Rion	13967 S. Sunset Dr.	Harrison	ID	83833
	WHITE, Monte	24574 Brenda Rd.	St. Maries	ID	83861

5. Organized Under the Laws of: IDAHO C 63491	6.  Signature _____ Date <u>3-26-02</u> Name (Typed or Printed) <u>CHRIS MUENCH</u> Title <u>PRESIDENT</u>
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