| | | INST | RUCTIONS ON REVERSE SIDE | | | |
|--|-------------------------------------|---|---|-----------------------------------|--|--|
| No. 334317 | | Idaho Corporation Annual Report Form | | 2. Registered Agent | 2. Registered Agent and Office | |
| Return To Secretary of State Room 203, Statehouse Boise, ID 83720 SEC. Communication | | Due No Later Than November 1, 1988 | | JOSEPH MILL | JOSEPH MILLER P. D. BOX 279 SPIRIT LAKE. IDAHO 83869 3. Incorporated Under The Laws of | |
| | | SPIRIT LAKE AMBULANCE CORPS, INC 83869 JUSEPH MILLER 3. Incorporate | | | | |
| | | | | NC 83869 3. Incorporated Under | | |
| 98 AUG 18 AM | 10 00 es of Officer | SPIRIT LAKE 83869 s and Directors | IDAHO | STATE OF | 10 | |
| | | <u>Name</u> | Street or P.O. Address | City | State Zip | |
| President: Secretary: | Joe Mi | - | P.O.Box 279 | Spirit Lake | I d. 83869 | |
| Directors: | Patricia Wilson Jacqueline Dolph | | P.O.Box 549 P.O.Box 544 | 11 | ff ff | |
| | • | Miller Bonar | P.O.Box 279 Star Rt. Box 12A | it it | 61 15 61 19 | |
| | Joy Smith John Smith | | P.O.Box 429 P.O.Box 429 | ee te | 81 te 81 is | |
| | | e Blank | Star Rt. Box 350 | II | 11 11 | |
| | | | | | | |
| 5. Nature of Business | | 6. I certify true, con | that this Annual Report has been except and complete. | xamined by me and is to | the best of my knowledge | |
| Ambulance | | Signature //www | Jeanne Blank | Date | Aug 8 1988 | |
| | | Name //yped | | Title | Lmasurer | |

and the second s