

No. C 36110		Due no later than Jan 31, 2018		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. BOUNDARY VOLUNTEER AMBULANCE SERVICE, INCORPORATED JEFFREY LINDSEY PO BOX 441 BONNERS FERRY ID 83805 USA		JEFFREY LINDSEY 6447 RAILROAD ST BONNERS FERRY ID 83805		
				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	STEVE RUSSELL	411 SYRINGA DR	BONNERS FERRY	ID	USA	83805
PRESIDENT	JEFFREY LINDSEY	18 SWEETGRASS LN	SANDPOINT	ID	USA	83864
DIRECTOR	JIM PAULUS	282 CALVARY LANE	NAPLES	ID	USA	83847
DIRECTOR	NANCY RUSSELL	411 SYRINGA DR.	BONNERS FERRY	ID	USA	83805
DIRECTOR	RAUL LOPEZ	6531 TANNENBAUM	BONNERS FERRY	ID	USA	83805
DIRECTOR	KEN ENGLISH	1955 ROSSEVELT ST.	MOYIE SPRINGS	ID	USA	83847
DIRECTOR	WANDA WILKERSON	32 STARLIGHT RD	NAPLES	ID	USA	83845
SECRETARY	LYDIA BETHKE	1187 OXFORD RD	BONNERS FERRY	ID	USA	83805
5. Organized Under the Laws of: ID C 36110		6. Annual Report must be signed.* Signature: Jeffrey Lindsey Name (type or print): Jeffrey Lindsey Date: 12/07/2017 Title: President				
Processed 12/07/2017		* Electronically provided signatures are accepted as original signatures.				