| No. C 43690 | Due no later than April 30, 2004 | 2. Registered Agent and Office NO PO BOX |
|--|--|---|
| NO. | Annual Report Form | CHARLENE WADDELL |
| Return to: | Mailing Address - Correct in this box, if applicab | W 9626 G ST |
| SECRETARY OF STATE WORL | RLEY AMBULANCE ASSOCIATION, INC. ARLENE WADDELL | WORLEY, ID 83876 3. New Registered Agent Signature |
| NO FILING FEE IF | ORLEY, ID 83876 | |
| RECEIVED BY DUE DATE | nd Business Addresses of President, S | ecretary and Directors. |
| Corporations: Enter Names a Office held Name | Street or P.O. Address | <u>City</u> <u>State</u> <u>Zip</u> |
| President William V | aluddell 9726 Gst. | Worley ID 83876 |
| Sect Sheas Charlene | -Waddell 9726 GST | Worley ID 83816 |
| Chairman Board So | ean Utecht ast | Plummer ID 83851 |
| Board Director Ne | ean Utecht ast wrolun Reeves 101 Hadnes | shittummento 83851 |
| Director Let. | .tia Mccullu | Plummer. ID 83851 |
| Organized Under the Laws of: | 6. Signature Charlese Middle | 00 Date 2/9/04 |
| IDAHO C 43690 | Name Printed Charlene W | addell Title Saretary-Sieas |
| Issued 02/02/2004 | Do Not Tape or Staple | 5502 |