

No. C 147685		Due no later than Feb 28, 2006		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. MORES CREEK AMBULANCE INC. KAREN ACKER 54 BURNETT DR BOISE ID 83716		JO MCCARTHY 53 MORES CREEK CIR BOISE ID 83716			
				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	
SECRETARY	KAREN D ACKER	54 BURNETT DR	BOISE	ID	USA	83716	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
IDAHO C 147685		Signature: Karen Acker				Date: 04/04/2006	
		Name (type or print): Karen Acker				Title: Secretary	
Processed 04/04/2006		* Electronically provided signatures are accepted as original signatures.					