

No. 63491 <i>Return To</i> Secretary of State Room 203, Statehouse Boise, ID 83720 ** FINAL NOTICE ** NO FEE REQUIRED	Idaho Corporation Annual Report Form <i>Due No Later Than November 1, 1991</i> 1. Mailing Address - Please Correct, If Not Correct HARRISON AMBULANCE ASSOCIATION, MAXINE CHRISTENSEN BOX 188 HARRISON ID 83833 0000	2. Registered Agent and Office NOT A P.O. BOX MAXINE CHRISTENSEN BOX 188 HARRISON ID 83833 3. Incorporated Under The Laws of ID NO: 063491
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4. Names and Addresses of Officers and Directors					
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	DEANIE CURRY	PO BOX 167	HARRISON,	ID	83833
Secretary:	DEBBIE PASSOW	PO BOX 121	HARRISON,	ID	83833
Directors:	JOY HODGE	PO BOX 154	HARRISON,	ID	83833
	DIC ROBINS	PO BOX 185	HARRISON,	ID	83833
	JOAN MONTEE	HCR 2 BOX 117	ST. MARIES,	ID	83861
	FRED MUHS	RT. 2 BOX 153	ST. MARIES,	ID	83861
	LOY CHRISTENSEN	RT. 2 BOX 147	ST. MARIES,	ID	83861
	MAXINE CHRISTENSEN	RT. 2 BOX 147	ST. MARIES,	ID	83861

5. Nature of Business AMBULANCE SERVICE VOLUNTEER	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <i>Signature</i>  <i>Name (Typed or Printed)</i> WILMA CHRISTENSEN <i>Date</i> 10-24-91 <i>Title</i> TREASURER
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