

No. C 91781	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct		CRAIG CORBEILL 124 W. BROWN P.O. BOX 269 KELLOGG ID 83837	
	COMMUNITY AMBULANCE SERVICE, CRAIG CORBEILL 124 W. BROWN P.O. BOX 269 KELLOGG ID 83837		3. Organized Under the Laws of:	
* FIRST NOTICE *				
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u> <u>Zip</u>
Pres.	Craig Corbeill	Box 269	Kellogg	Id. 83837
V.P.	Gary Corbeill	Box 43	"	" "
Sec.	Cricket Corbeill	"	"	" "
5. NATURE OF BUSINESS AMBULANCE SERVICE		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u><i>Craig Corbeill</i></u> Date <u>09-18-96</u> Name (Typed or Printed) <u>Craig Corbeill</u> Title <u>Pres.</u>		

ISSUED: 07-06-1996

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