


No. C 91781	Due no later than Mar 31, 2014 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) ROBERT D LARSEN 124 W. BROWN BOX 269 KELLOGG ID 83837-0269
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. COMMUNITY AMBULANCE SERVICE, INC. ROBERT D LARSEN 124 W. BROWN P.O. BOX 269 KELLOGG ID 83837-0269 USA	3. New Registered Agent Signature.

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
President	Robert D. Larsen	Box 269	Kellogg	Id	US	83837	
Vice Pres	Gary L. Larsen	Box 269	Kellogg	Id	US	83837	
Sec/Treas	Brian R. Larsen	Box 269	Kellogg	Id	US	83837	

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO C 91781 </div>	6. <div style="display: flex; justify-content: space-between;"> <div> Signature:  Name (type or print): Robert D. Larsen </div> <div> Date: 01/31/2014 Title: President </div> </div>
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.**

Block 3: Only a **new** registered agent must sign in Block 3.

Block 4: Enter names and business addresses of president, secretary, and directors. **Note: DO NOT put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1.** If more space is needed please add an attachment.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the corporation. Print or type the name of the signer below the signature.

**** The image of this form will be available on the internet once it has been filed. DO NOT enter Social Security numbers.**

If the corporation is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the corporation to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

If the document is incorrect, is there a telephone number to reach you for corrections? 208-660-6329

POSTMARK DATES WILL NOT BE ACCEPTED