

No. <b>C 63491</b>		<b>Due no later than Mar 31, 2016</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		LESLIE COVEY BOX 188 101 FREDERICK AVE HARRISON ID 83833			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		HARRISON AMBULANCE ASSOCIATION, INC. (THE) LESLIE J COVEY BOX 188 101 FREDERICK AVE HARRISON ID 83833					
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	
DIRECTOR	LATISHA GELDREICH	15 KOSHNEY RD	ST MARIES	ID	USA	83861	
DIRECTOR	JIM FRUEHAN	PO BOX 118	HARRISON	ID	USA	83833	
DIRECTOR	GARY HIGH	867 E PINE RIDGE RD	HARRISON	ID	USA	83833	
DIRECTOR	LORRAINE THIELE	13876 S RIDGEVIEW DR	HARRISON	ID	USA	83833	
DIRECTOR	DAVE BANKS	16720 S CARLIN BAY RD	HARRISON	ID	USA	83833	
TREASURER	LESLIE J COVEY	211 S GETAWAY CRT	HARRISON	ID	USA	83833	
PRESIDENT	SUSIE BANKS	16720 S CARLIN BAY RD	HARRISON	ID	USA	83833	
VICE PRESIDENT	LORRAINE THIELE	13876 S RIDGEVIEW DR	HARRISON	ID	USA	83833	
SECRETARY	KIMMY GALLE	PO BOX 207	HARRISON	ID	USA	83833	
5. Organized Under the Laws of:  <b>ID C 63491</b>		6. Annual Report must be signed.* Signature: LESLIE COVEY Name (type or print): LESLIE COVEY					
		Date: 01/19/2016 Title: OFFICE MANAGER					
Processed 01/19/2016		* Electronically provided signatures are accepted as original signatures.					