

No. <b>C 63491</b>		<b>Due no later than Mar 31, 2015</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  HARRISON AMBULANCE ASSOCIATION, INC. (THE) LESLIE J COVEY BOX 188 101 FREDERICK AVE HARRISON ID 83833 USA		VICKI VEDDER BOX 188 101 FREDERICK AVE HARRISON 83833			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	
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	ED GOSSETT	5257 E HARLOW PT 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	
SECRETARY	SUSIE BANKS	16720 S CARLIN BAY RD	HARRISON	ID	USA	83833	
PRESIDENT	ZIPPORAH DAVID	PO BOX 184	HARRISON	ID	USA	83833	
VICE PRESIDENT	LORRAINE THIELE	13876 S RIDGEVIEW DR	HARRISON	ID	USA	83833	
DIRECTOR	KATHY FLINT	28454 S HWY 97	HARRISON	ID	USA	83833	
5. Organized Under the Laws of:  <b>ID</b> <b>C 63491</b>		6. Annual Report must be signed.*  Signature: LESLIE COVEY Name (type or print): LESLIE COVEY					
		Date: 01/27/2015 Title: REGISTERED AGENT					
Processed 01/27/2015      * Electronically provided signatures are accepted as original signatures.							