

No. C 73047		Due no later than Jun 30, 2010 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. AMBULANCE SERVICE, INC. PATRICIA D BARNETT BOX 164 NEZPERCE ID 83543 USA		PATRICIA D BARNETT 102 3RD AVE NEZPERCE ID 83543			
						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	
TREASURER	PATRICIA D BARNETT	PO BOX 24	NEZPERCE	ID	USA	83543	
SECRETARY	ALISON FUCHS	PO BOX 343	NEZPERCE	ID	USA	83543	
PRESIDENT	SHARI KUTHER	1690 JOHNSON RD	NEZPERCE	ID	USA	83543	
5. Organized Under the Laws of: ID C 73047		6. Annual Report must be signed.* Signature: Patty Barnett Name (type or print): Patty Barnett					
		Date: 04/15/2010 Title: Treasurer					
Processed 04/15/2010		* Electronically provided signatures are accepted as original signatures.					