

No. C 43690		Due no later than Apr 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. WORLEY AMBULANCE ASSOCIATION, INC. CHARLENE WADDELL BOX 69 WORLEY ID 83876		CHARLENE WADDELL W9816 I STREET WORLEY ID 83876			
				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	SHANNON E GILBERT	PO BOX 324	WORLEY	ID	USA	83876	
DIRECTOR	MERRILYN REEVES	101 HAYNES LANE	PLUMMER	ID	USA	83851	
DIRECTOR	PATRICIA NIGH	PO BOX 32	WORLEY	ID	USA	83876	
TREASURER	CHARLENE E WADDELL	POI BOX 69	WORLEY	ID	USA	83876	
SECRETARY	CHARLENE E WADDELL	PO BOX 69	WORLEY	ID	USA	83876	
PRESIDENT	WILLIAM W WADDELL	PO BOX 69	WORLEY	ID	USA	83876	
5. Organized Under the Laws of: ID C 43690		6. Annual Report must be signed.* Signature: Charlene Name (type or print): Charlene Date: 02/11/2010 Title: Waddell					
Processed 02/11/2010		* Electronically provided signatures are accepted as original signatures.					