INSTRUCTIONS ON REVERSE SIDE

No. 66315

Return To
REINSTATEMENT
Secretary of State
Room 203, Statehouse
Boise, ID 83720

* FIRST NOTICE *
NO FEE REQUIRED

Idaho Corporation Annual Report Form

1. Mailing Address [illegible]

IDAHO CITY AMBULANCE, INC.

P. O. BOX 73

IDAHO CITY ID 83631

2. Registered Agent and Office **NOT A P.O. BOX**

Jim Cooper
PO BOX 73
COMMERCIAL ST
IDAHO CITY ID 83631

3. Incorporated Under The Laws of ID
NO: 66315

4. Names and Addresses of Officers and Directors **MUST BE PRINTED OR TYPED**

	Name	Street or P.O. Address	City	State	Zip
President:	Jim Cooper	PO Box 73	Idaho City, Idaho	83631	
Secretary:	Beth A. Wilson	PO Box 73	Idaho City, Idaho	83631	
Directors:					
V.Pres.	Leonard Rick	PO Box 73	Idaho City, Idaho	83631	
Treas.	Trudy Jackson	PO Box 73	Idaho City, Idaho	83631	

5. Nature of Business
Volunteer Ambulance Service

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature Trudy L. Jackson Date 1-19-94

Name (Typed or Printed) Trudy L. Jackson Title Treasurer