

No. C 60683

Due no later than March 31, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

LOWMAN AMBULANCE, INC.
HARLAN DOTY
8002 HWY 21
LOWMAN, ID 83637HARLAN DOTY
7359 HWY 21 BOX 25
LOWMAN, ID 83637NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

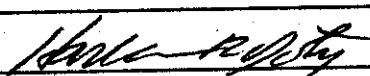
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT	HARLAN DOTY	8002 HWY 21	LOWMAN	ID	83637
VICE PRESIDENT	CINDY L. DEKOR	60 MARANATHA	LOWMAN	ID	83637
TREASURER	DEE PHELPS	6 SCENIC CIR	LOWMAN	ID	83637
SECRETARY	CAROL A. WAGNER	44 RIVERFRONT RD	LOWMAN	ID	83637

5. Organized Under the Laws of:

IDAHO
C 60683

6.

Signature



Date

1/22/08

Name

(Typed or
Printed)

HARLAN DOTY

Title

PRESIDENT