	<u> </u>	CTIONS ON FEVERSE SILE	TSSNED* O	7 m 3 5 m 4 0 0 7
No. 104395 Idaho Co		ration Annual Report Form	2. Registered Agent and Office NOTA POLEM	
Return To Secretary of State	Due No Later Than November 1, 1994  1. Mailing Address - Parks Consect I Not Consect  NORTHWEST MEDICAL TRANSPORT, IN GARY GREENFIELD  1880 SPIRAL HOWY		GARY GREENFIELD 1880 SPIRAL HGWY	
Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080			LEWISTON ID 83501  3. Incorporated Under The Laws	
* FIRST NOTICE * NO FEE REQUIRED	LEWISTON	10 83501	of ID MO: 104395	
4. Names and Addresses of Office	ers and Directors	MUST BE PRINTED OF	TYPED	
	<u>Name</u>	Street or P.O. Address	<u>City</u>	State Zip
President: Gary	Greenfield Greenfield	1880 Spiral Hwy	Lewiston	14 83501
Secretary: Pat Directors:	Greenfield	V-	<b></b>	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
5. Nature of Business	6. I certify the true, corn	nat this Annual Report has been exan	nined by me and is to the	best of my knowledge
Ambulance	Signature Name (Typed of Printed)	A M		31.94 exdent