

No. C 79707	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct LOST RIVERS EMTS, INC. A. BRENT PEARSON P.O. BOX 503		A. BRENT PEARSON 201 NORTH IDAHO ST. ARCO ID 83213
* FIRST NOTICE *	ARCO ID 83213	3. Organized Under the Laws of: ID C 79707	
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>
PRESIDENT	A. BRENT PEARSON	P.O. Box 17, 430 EAST ST.	ARCO
SECRETARY			ID
			83213
DIRECTORS	DANIEL KOSTE	244 EAST GRAND AVE.	ARCO
	VICTOR GONZALES	P.O. BOX 581, 694 WEST GRAND AVE.	ARCO
	C.W. MARVEL	P.O. Box 3	ARCO
			ID
			83213
			83213
			83213
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 <u>A. Brent Pearson</u> Date <u>OCT. 18, 1996</u> Name (Typed or Printed) <u>A. BRENT PEARSON</u> Title <u>UNIT PRESIDENT</u>	

ISSUED: 07-06-1996

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