No. C 53453		Due no later than May 31, 2014		2. Register	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. MEADOWS VALLEY AMBULANCE SERVICE, INC. DAVE JOHNSON		DALE R 4052 GR	DALE ROACH 4052 GRANITE VIEW RD NEW MEADOWS ID 83654				
NO FILING FEE IF RECEIVED BY DUE DATE		PO BOX 532 NEW MEADOWS ID 83654-0532		3. <u>New</u> Reg	3. <u>New</u> Registered Agent Signature:*				
4. Corporations: Enter Na	ames and Busin	ess Addresses of Pr	esident, Secretary, and Directors. Trea	surer (optional).					
Office Held	Name		Street or PO Address	City		State	Country	Postal Code	
DIRECTOR	BRIAN YOAKUM		PO BOX 111	NEW MEA	ADOWS	ID	USA	83654	
DIRECTOR	TINA JOINER		417 S. MORGAN	NEW MEA	ADOWS	ID	USA	83654	
TREASURER	JACK HELLBUSCH		PO BOX 677	NEW MEA	ADOWS	ID	USA	83654	
PRESIDENT	DALE ROACH		P.O. BOX 45	NEW MEA	ADOWS	ID	USA	83654-0045	
DIRECTOR	JACOB QUALLS		P.O. BOX 261	NEW MEA	ADOWS	ID	USA	83654-0261	
VICE PRESIDENT	SHANNA ROFF		P.O. BOX 480	NEW MEA	ADOWS	ID	USA	83654-0480	
DIRECTOR	LINNEA HALL		4220 HIGHWAY 95	NEW MEA	ADOWS	ID	USA	83654-0480	
SECRETARY	DAVE JOHNSON		P.O. BOX 75	NEW MEA	ADOWS	ID	USA	83654-0075	
DIRECTOR	LINDA JOHN	SON	PO BOX 75	NEW MEA	ADOWS	ID	USA	83654-0075	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID		Signature: Dave			Date: 04/04/2014				
C 53453		Name (type or print): Dave			Title: Johnson				
Processed 04/04/2014		* Electronically pro	vided signatures are accepted as origin	al signatures.					