

No. <b>C 147685</b>	<b>Due no later than Feb 28, 2018</b> <b>Annual Report Form</b>	2. Registered Agent and Address <b>(NO PO BOX)</b>				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> MORES CREEK AMBULANCE INC. TAMARA L STAMM 21 SKYVIEW LN BOISE ID 83716 USA	TAMARA L STAMM 21 SKYVIEW LN BOISE ID 83716  3. <u>New</u> Registered Agent Signature:*				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
VICE PRESIDENT	KEITH L MORINVILLE	2037 N 21ST ST.	BOISE	ID	USA	83702
SECRETARY	TAMARA L STAMM	21 SKYVIEW LN.	BOISE	ID	USA	83716
PRESIDENT	DONNA G HORNER	40 PINECONE WAY	BOISE	ID	USA	83716
TREASURER	TAMARA L STAMM	21 SKYVIEW LN.	BOISE	ID	USA	83716
5. Organized Under the Laws of:  <b>ID C 147685</b>	6. Annual Report must be signed.* Signature: Tamara L Stamm Name (type or print): Tamara L Stamm		Date: 01/17/2018 Title: Secretary-Treasurer			
Processed 01/17/2018	* Electronically provided signatures are accepted as original signatures.					