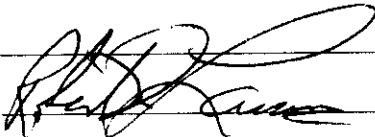


No. C 91781	Due no later than March 31, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX ROBERT D LARSEN 124 W. BROWN P.O. BOX 269 KELLOGG, ID 83837																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable: COMMUNITY AMBULANCE SERVICE, INC. ROBERT D LARSEN 124 W. BROWN P.O. BOX 269 KELLOGG, ID 83837		3. <u>New</u> Registered Agent Signature																								
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; width: 10%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 20%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 15%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Robert D. Larsen</td> <td>Box 778</td> <td>Kellogg</td> <td>ID</td> <td>83837</td> </tr> <tr> <td>Vice Pres</td> <td>Gary L. Larsen</td> <td>Box 71</td> <td>Kellogg</td> <td>ID</td> <td>83837</td> </tr> <tr> <td>Sec/Treas</td> <td>Brian R. Larsen</td> <td>Box 305</td> <td>Smelterville</td> <td>ID</td> <td>83868</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Robert D. Larsen	Box 778	Kellogg	ID	83837	Vice Pres	Gary L. Larsen	Box 71	Kellogg	ID	83837	Sec/Treas	Brian R. Larsen	Box 305	Smelterville	ID	83868
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5. Organized Under the Laws of: IDAHO C 91781		6.  Signature _____ (Typed or Printed) Name <u>Robert D. Larsen</u> Date <u>Feb. 23, 2004</u> Title <u>President</u>																									