

1996

RETURN TO
SECRETARY OF STATE
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845

NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

FILE DATE 3-20-96
RECEIPT NO. 533392

RECEIVED

MAR 20 1996

80627 511 111

1. Corporate Name, Registered Agent and Registered Address:

NS 002093 MAR/93
PLATTE AMBULANCE SERVICE
TRONVOLD, JOHN I.
609 EAST 7TH
PLATTE, SD 57369

Day Time Phone # 605-337-3301

Federal Identification #

FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE PRINTED ON THE REVERSE SIDE OF THIS FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is AMBULANCE SERVICE TO PLATTE, S.D. AND SURROUNDING AREA

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is \$ 35,000
* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>TED BULTSMA</u>	President	<u>401 MAIN ST</u>	<u>PLATTE</u>	<u>S.D.</u>	<u>57369</u>
<u>KEITH VAN ZEE</u>	Vice President	<u>611 E 10 ST</u>	<u>PLATTE</u>	<u>S.D.</u>	<u>57369</u>
<u>HELEN MACHACEK</u>	Secretary	<u>2 VERMONT AVE</u>	<u>PLATTE</u>	<u>S.D.</u>	<u>57369</u>
<u>DONNA DEN BESTEN</u>	Treasurer	<u>SOLW H ST</u>	<u>PLATTE</u>	<u>S.D.</u>	<u>57369</u>

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>DAVE JOHNSON</u>	Director	<u>201 PAKIA AVE</u>	<u>PLATTE</u>	<u>S.D.</u>	<u>57369</u>
<u>HERMAN TURALS</u>	Director	<u>RR20 BOX 663</u>	<u>PLATTE</u>	<u>S.D.</u>	<u>57369</u>
<u>DANA KIMBALL</u>	Director	<u>1021 OHIO AVE</u>	<u>PLATTE</u>	<u>S.D.</u>	<u>57369</u>

The report must be signed by the chairman of the board of directors, or its president, or any other officer in the presence of a notary public.

Dated 3-19 1996

By [Signature]
(Signature) must be signed in the presence of a notary

STATE OF SD
COUNTY OF Charles ss

Its Vice Pres
(Title)

I, David D. Nelson, a notary public, do hereby certify that on this 19th day of March 1996

personally appeared before me Keith A. Van Zee who, being by me first duly sworn, declared that he/she is the Vice Pres of the corporation named above, and signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires 8-10-03

[Signature]
Notary Public

(Notarial Seal)

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845

**STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

FILING FEE: * \$5 In addition to annual report fee
* No fee for postal renumbering. (must be stated on the form)

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is PLATTE AMBULANCE SERVICE
2. The previous registered office address: 609 EAST 7TH
PLATTE, S.D. ZIP 57369
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. BOX 1046 609 EAST 7TH
PLATTE, S.D. ZIP 57369
4. The name of its previous registered agent is JOHN E. TRONVOLD
5. The name of its successor (current) registered agent is RICHARD D. HOPPE
* The Consent of Registered Agent below must be completed by the new agent.
6. The street address, or a statement that there is no street address, of its registered office and the address of the office of its registered agent, as changed, will be identical. Such change was authorized by resolution duly adopted by its board of directors.

The statement must be signed by the chairman of the board of directors, or by its president or a vice president in the presence of a Notary Public.

Date 3-19 1996

Ruth A. Yonzer
(signature) must be signed in the presence of a notary
Vice Pres
(title)

STATE OF SD
COUNTY OF Charles Mix SS

I, David D. Nelson, a notary public, do hereby certify that on this 19th day of March 1996, personally appeared before me Ruth A. Yonzer who, being by me first duly sworn, declared that he/she is the Vice Pres of the corporation named above, and signed the foregoing document as officer of the corporation, and the statements therein contained are true.
My Commission Expires 8-10-03
David D. Nelson
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, RICHARD D. HOPPE, hereby give my consent to serve as the
(name of registered agent)
registered agent for PLATTE AMBULANCE SERVICE
(corporate name)

Dated 3-18 1996 Richard Hoppe
(signature)

1999

RETURN TO
SECRETARY OF STATE
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845

NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

FILE DATE 3-16-99
RECEIPT NO. 780685

RECEIVED

MAR 16 1999

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

NS-002098 MAR/96
PLATTE AMBULANCE SERVICE
HOPPE, RICHARD
609 EAST 7TH
PO BOX 1046
PLATTE, SD 57369-1046

Day Time Phone # 605-337-2224

Federal Identification # _____
FILING DATE: Due during the month the
Certificate of Incorporation was issued, and
delinquent after the last day of the following
month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE PRINTED ON THE REVERSE SIDE OF THIS FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is _____

EMS Service

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is \$ * 47,000
*Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Nyla Antonsen</u>	President	<u>021 W. 10th</u>	<u>Platte</u>	<u>SD</u>	<u>57369</u>
<u>Sara Kraft</u>	Vice President	<u>Box 489</u>	<u>Platte</u>	<u>SD</u>	<u>57369</u>
<u>Karla Kojniak</u>	Secretary	<u>P.O. Box 701</u>	<u>Platte</u>	<u>SD</u>	<u>57369</u>
<u>Donna Denhefer</u>	Treasurer	<u>Box 1023</u>	<u>Platte</u>	<u>SD</u>	<u>57369</u>

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>DR. Jones</u>	Director	<u>Box 458</u>	<u>Platte</u>	<u>SD</u>	<u>57369</u>
<u>Keith VanZu</u>	Director	<u>Box 938</u>	<u>Platte</u>	<u>SD</u>	<u>57369</u>
<u>Ted Kuitman</u>	Director	<u>Box 931</u>	<u>Platte</u>	<u>SD</u>	<u>57369</u>

The report must be signed by the chairman of the board of directors, or its president, or any other officer in the presence of a notary public.

Dated 3-12 19 99

By Nyla Antonsen
(Signature) must be signed in the presence of a notary
Its President
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF CHARLES MIX ss

I, Tanya Standy, a notary public, do hereby certify that on this 16th day of March 19 99,
personally appeared before me Nyla Antonsen who, being by me first duly sworn, declared that he/she is the
President of the corporation named above, and signed the foregoing document as officer of

the corporation, and the statements therein contained are true.

My Commission Expires 6/8/99

Tanya Standy
Notary Public

(Notarial Seal)

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH

File Date _____
Receipt No. _____

FILING FEE: \$5 in addition to annual report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

- The name of the corporation is Platte Ambulance Service
- The previous (old) registered office address is SAME ZIP + 4 _____
- The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. SAME ZIP + 4 _____
- The name of its previous registered agent is Rich Happe
- The name of its successor (current) registered agent is Nyla Antonson
*The Consent of Registered Agent below must be completed by the new agent.
- The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
- This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or by another of its officers in the presence of a notary of public.

Dated 3-12 19 99

Nyla Antonson
(Signature) must be signed in the presence of a notary)
President
(Title)

STATE OF SOUTH DAKOTA SS
COUNTY OF PIERRE MIX

I, Tonya Standy, a notary public, do hereby certify that on this 12th day of March 1999, personally appeared before me Nyla Antonson who, being by me first duly sworn, declared that he/she is the President of Platte Ambulance Service that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 6/8/99

Tonya Standy
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT


I, Nyla Antonson, hereby give my consent to serve as the registered agent for Platte Ambulance Service
(name of registered agent) (corporate name)
Dated 3-10 19 99 Nyla Antonson
(signature)

2002 NONPROFIT REPORT

FILE DATE 3-1-02
 RECEIVED 074227
 FEB 20 '02
 S.D. SEC. OF STATE

PLEASE TYPE OR USE BLACK INK
 FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
 ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

1. Corporate Name, Registered Agent, and Registered Address:


 - NS - 002098 -
 NS-002098 MAR/1999
 PLATTE AMBULANCE SERVICE
 NYLA ANTONSEN
 609 EAST 7TH
 PO BOX 1046
 PLATTE SD 57369-1046

Day Time Phone # 605-277-7916
 Federal Taxpayer I
 FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is Ambulance Service

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.
 B. The amount of property presently held by the corporation is \$ 36,289.35
 * Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Ted Bultsma</u>	President	<u>401 Main</u>	<u>Platte</u>	<u>SD</u>	<u>57369</u>
<u>Kieth Van Zee</u>	Vice President	<u>611 E 10th</u>	<u>Platte</u>	<u>SD</u>	<u>57369</u>
<u>Berk Wier</u>	Secretary	<u>900 211</u>	<u>Platte</u>	<u>SD</u>	<u>57369</u>
<u>Holly Voetberg</u>	Treasurer	<u>P.O. Box 34</u>	<u>Platte</u>	<u>SD</u>	<u>57369</u>

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Nyla Antonson</u>	Director	<u>216 20th St</u>	<u>Platte</u>	<u>SD</u>	<u>57369</u>
<u>Karla Keamingk</u>	Director	<u>322 S 8th 2nd Fl</u>	<u>Platte</u>	<u>SD</u>	<u>57369</u>
<u>Sara Kraft</u>	Director	<u>511 Ohio</u>	<u>Platte</u>	<u>SD</u>	<u>57369</u>

The report must be signed by the chairman of the board of directors, or its president, or any other officer in the presence of a notary public.

Dated 2-14-02
 By Ted Bultsma
 (Signature)
 Its President
 (Title)

STATE OF South Dakota
 COUNTY OF Charles Mix SS

On this the 14th day of Feb, 2002, before me, Jeral Gross
 personally appeared Ted Bultsma, known to me, or proved to me,
 to be the President of the corporation that is described in and that executed the within
 instrument and acknowledged to me that such corporation executed the same.

My Commission Expires Jeral Gross, Notary Public
In and for the State of SD
 My Commission Expires Dec. 30, 2004
 (Notary Seal) Jeral Gross
 Notary Public

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077
 PHONE: 605-773-4845 FAX (605) 773-4550

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
Fax (605) 773-4550

**NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$5 In addition to corporate report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____
2. The previous street address, or a statement that there is no street address, or its registered office _____
ZIP _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____
ZIP _____
4. The name of its previous registered agent is _____
5. The name of its successor (current) registered agent is " _____
*The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or by another of its officers in the presence of a notary of public.

Dated _____

(Signature) must be signed in the presence of a notary)

(Title)

STATE OF _____ ss
COUNTY OF _____

I, _____, a notary public, do hereby certify that on this _____ day
of _____, personally appeared before me _____
who, being by me first duly sworn, declared that he/she is the _____ of _____
_____ that he/she signed the foregoing document as officer of
the corporation, and the statements therein contained are true.

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(corporate name)

Dated _____

(signature of registered agent)

226 5429 04/22/2004

004 NONPROFIT REPORT

FILE DATE 3/22/04
 RECEIPT NO. 1309992
MAR 23 04
 S.D. SEC. OF STATE

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
 ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

Corporate Name, Registered Agent and Registered Address:



NS002098 MAR/2002
 PLATTE AMBULANCE SERVICE
 NYLA ANTONSEN
 609 EAST 7TH
 PO BOX 1046
 PLATTE SD 57369-1046

Day Time Phone # 605 337 2204

* Federal Taxpa
 FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is _____

Ambulance Services

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is \$ See attached sheets.

* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Ted Bulpsma</u>	President	<u>trucking 401 Main St.</u>	<u>Platte</u>	<u>SD</u>	<u>57369</u>
<u>Keith Van Zee</u>	Vice President	<u>Box 138</u>	<u>Platte</u>	<u>SD</u>	<u>57369</u>
<u>Barb Weir</u>	Secretary	<u>900 Illinois</u>	<u>Platte</u>	<u>SD</u>	<u>57369</u>
<u>Holly Voetberg</u>	Treasurer	<u>11 West 9th St</u>	<u>Platte</u>	<u>SD</u>	<u>57369</u>

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Keith Van Zee</u>	Director	<u>Box 138</u>	<u>Platte</u>	<u>SD</u>	<u>57369</u>
<u>Ted Bulpsma</u>	Director	<u>trucking 401 Main St.</u>	<u>Platte</u>	<u>SD</u>	<u>57369</u>
<u>Barb Weir</u>	Director	<u>900 Illinois</u>	<u>Platte</u>	<u>SD</u>	<u>57369</u>

The report must be signed by the chairman of the board of directors, or its president, or any other officer in the presence of a notary public.

Dated 3-15-04

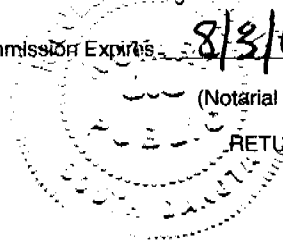
By Holly Voetberg
 (Signature)
 Its Treasurer
 (Title)

STATE OF South Dakota
 COUNTY OF Charles mix ss

On this the 15th day of March, 2004, before me, Nicole Westerhuis, known to me, or proved to me, personally appeared Holly Voetberg, to be the Treasurer of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

My Commission Expires 8/3/04
 (Notarial Seal)

Nicole Westerhuis
 Notary Public



RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077
 PHONE: 605-773-4845 FAX (605) 773-4550
 www.sdsos.gov

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
Fax (605) 773-4550

**NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$5 In addition to corporate report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____
2. The previous street address, or a statement that there is no street address, or its registered office _____
ZIP _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____
ZIP _____
4. The name of its previous registered agent is _____
5. The name of its successor (current) registered agent is * _____

***The Consent of Registered Agent below must be completed by the new agent.**

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or by another of its officers in the presence of a notary of public.

Dated _____

(Signature) must be signed in the presence of a notary)

(Title)

STATE OF _____ ss
COUNTY OF _____

I, _____, a notary public, do hereby certify that on this _____ day
of _____, personally appeared before me _____

who, being by me first duly sworn, declared that he/she is the _____ of _____
_____ that he/she signed the foregoing document as officer of _____

the corporation, and the statements therein contained are true.

My Commission Expires _____

Notary Public

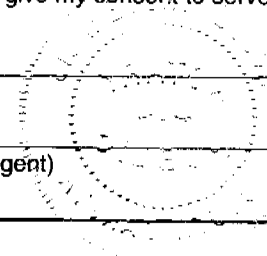
(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(corporate name)

Dated _____

(signature of registered agent)

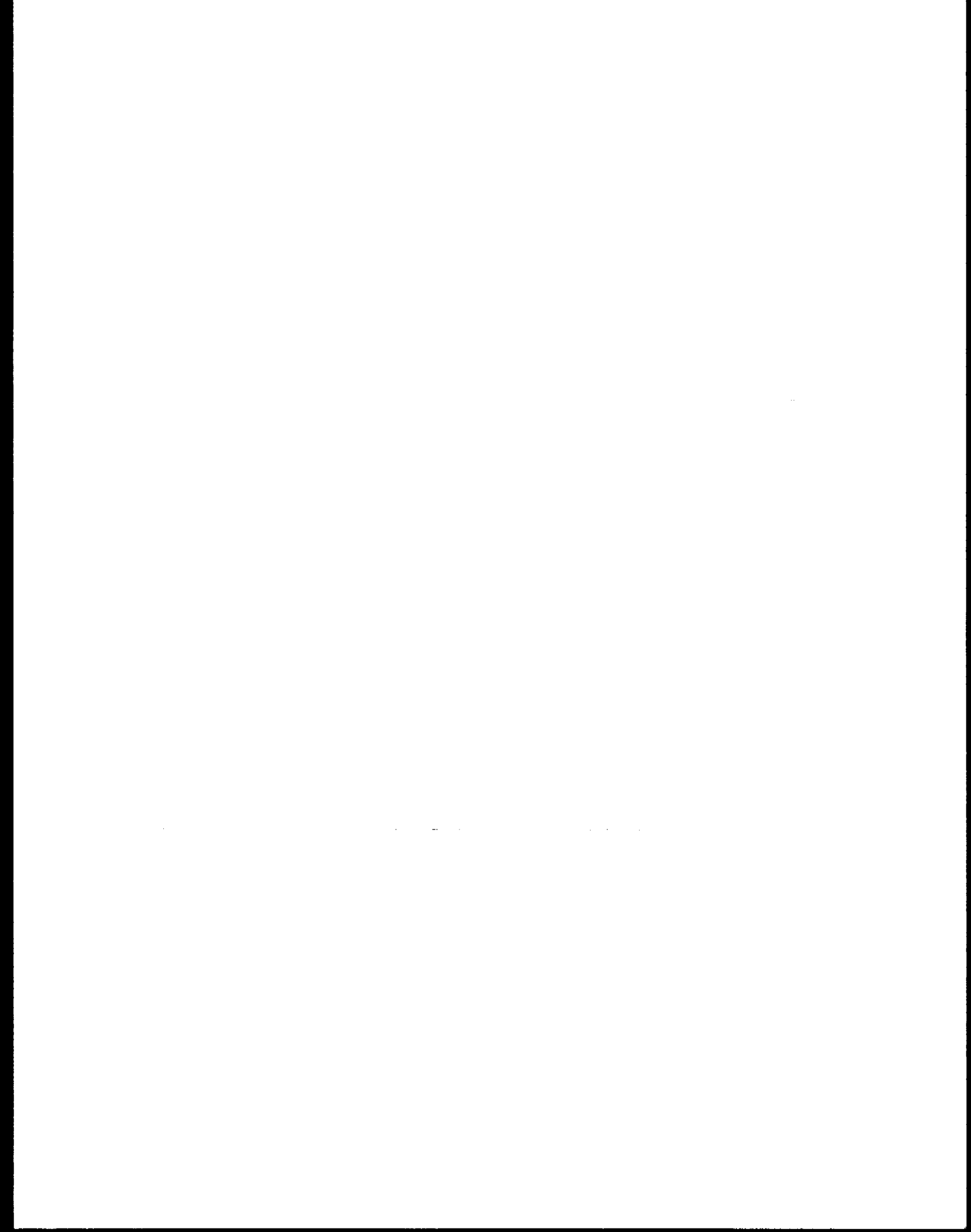


226 5430
226 5433 04/22/2004

Platte Ambulance Services, Inc.

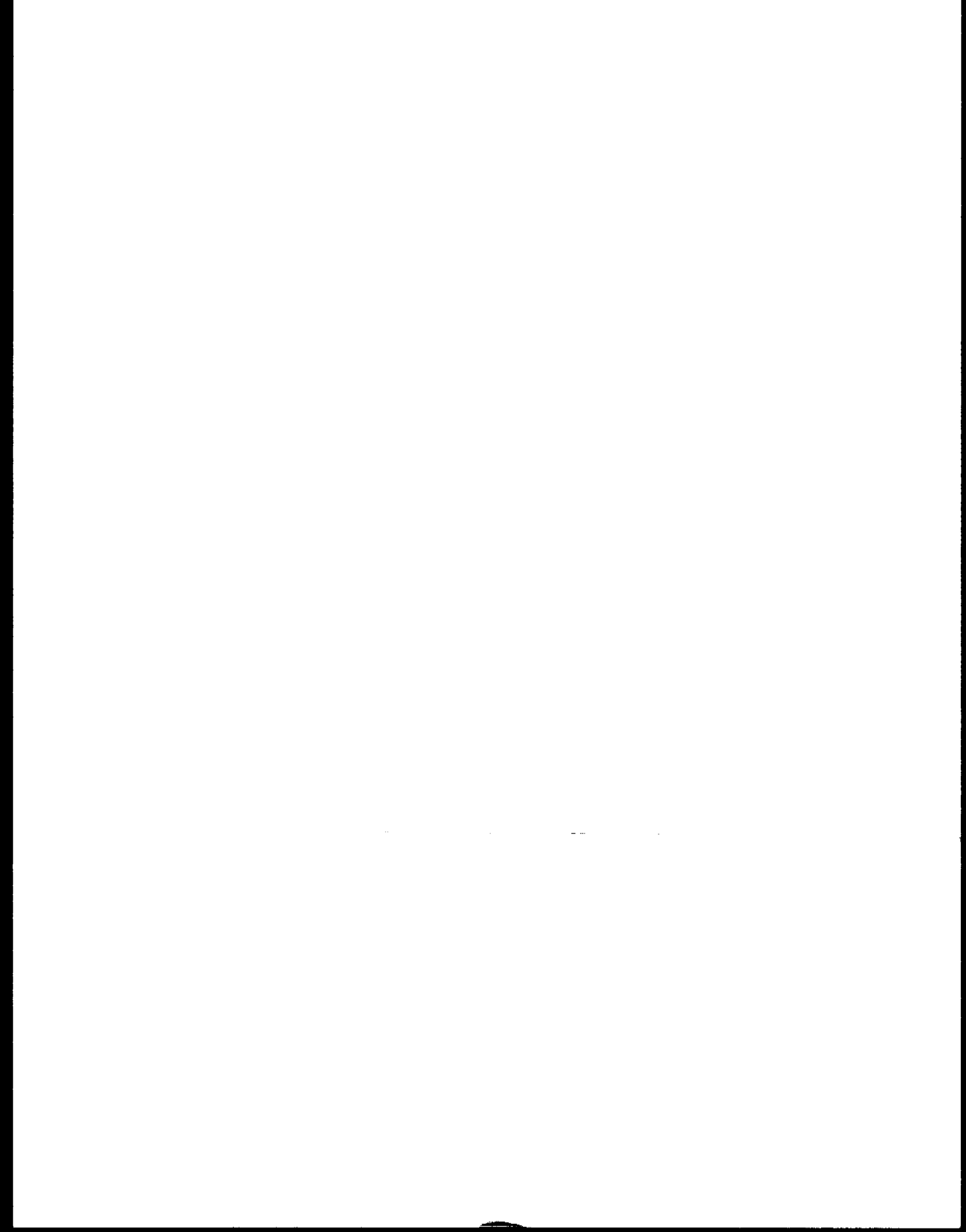
VEHICLES

<u>Description</u>	<u>Date Purchase</u>	<u>Purchased Value</u>	<u>Depr. Method</u>	<u>Less Accumulated Depr. To Date</u>	<u>Current Value as of 12/31/03</u>
2000 Ford Windstar	████	22600.00	10 yrs	6780.00	15820.00
2003 Rescue Ambul E450	████	<u>94540.00</u>	10 yrs	<u>9454.00</u>	<u>85086.00</u>
TOTAL		117140.00		16234.00	100906.00



Platte Ambulance Services, Inc.EQUIPMENT

<u>Description</u>	<u>Date Purchase</u>	<u>Purchased Value</u>	<u>Depr. Method</u>	<u>Less Accumulated Depr. To Date</u>	<u>Current Value as of 12/31/03</u>
1-M-214 Watt Radio Transfer	████	650.00	5 yrs	650.00	0.00
State Radio & CD Radio	████	800.00	5 yrs	800.00	0.00
Ambulance Cot/All Level	████	1295.00	5 yrs	1295.00	0.00
Ambulance Cot Chair	████	589.00	5 yrs	589.00	0.00
Radio Transfer Amb Maxar 50	████	772.50	5 yrs	772.50	0.00
2 Power Supply Invertens	████	1130.00	5 yrs	1130.00	0.00
2 Light Bars	████	1400.00	5 yrs	1400.00	0.00
4 Keywote Pagers	████	1180.00	5 yrs	1180.00	0.00
1996 Defibrillator	████	6600.00	10 yrs	3960.00	2640.00
1993 Patient Monitor	████	2731.00	10 yrs	2731.00	0.00
6-2000 Motorola Pages w/chg.	████	3600.00	5 yrs	2340.00	1260.00
1999 Stryker	████	3225.35	5 yrs	1935.21	1290.14
2001 Allied Pressure Washer	11/28/01	1134.50	5 yrs	453.80	680.70
2001 4 New Motorola Pagers	████	3100.00	5 yrs	1344.00	1756.00
2003 New State Radio in Amb	████	1433.50	5 yrs	239.00	1194.50
2003 New Cas 740-2NN Monitor	████	<u>2508.36</u>	5 yrs.	<u>292.66</u>	<u>2215.70</u>
TOTAL		32149.21		21112.17	11037.04



235 1873 04/07/2005

2005 NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

FILE DATE 04/01/05
RECEIPT NO. 7425221
RECEIVED
APR 01 '05
S.D. SEC. of STATE

1. Corporate Name, Registered Agent and Registered Address:



NS002098
NS002098 MAR/2004
PLATTE AMBULANCE SERVICE
NYLA ANTONSEN
609 EAST 7TH
PO BOX 1046
PLATTE SD 57369-1046

Day Time Phone # 605 337 2224
Federal Taxpa _____
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is Ambulance Services

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is \$ See Attached sheets
* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Nyla Antonson Ted Buttsma	President	trucking 401 Main St	Platte	SD	57369
SARA Kraft Keith Vanzel	Vice President	Box 138	Platte	SD	57369
Krista Senra Holly Vuetberg	Secretary	111 W 9	Platte	SD	57369
Bamb Weir	Treasurer	900 Illinois	Platte	SD	57369

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Ted Buttsma	Director	trucking 401 Main St.	Platte	SD	57369
Keith Vanzel	Director	Box 138	Platte	SD	57369
Holly Vuetberg	Director	111 W 9 St.	Platte	SD	57369

The report must be signed by the chairman of the board of directors, or its president, or any other officer.

Dated 3-25-05

(Signature)

President
(Title)

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
Fax (605) 773-4550

**NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$5 In addition to corporate report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____

2. The previous street address, or a statement that there is no street address, or its registered office _____
_____ ZIP _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____
_____ ZIP _____
4. The name of its previous registered agent is _____
5. The name of its successor (current) registered agent is * _____

***The Consent of Registered Agent below must be completed by the new agent.**

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or by another officer.

Dated _____ (Signature) _____

(Title) _____

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)

registered agent for _____
(corporate name)

Dated _____ (signature of registered agent) _____

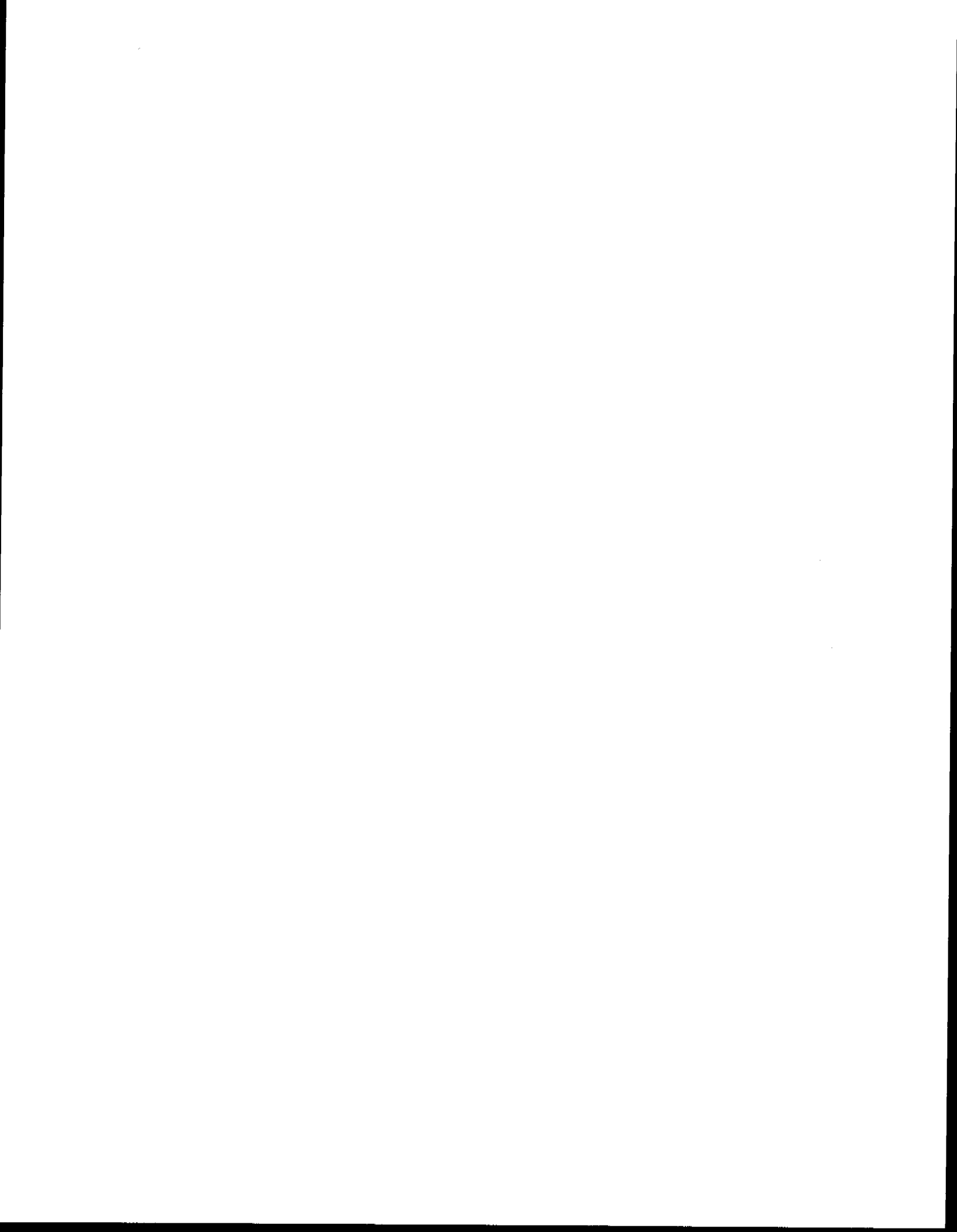
15002098
2005

235 1874

Platte Ambulance Services, Inc.

VEHICLES

<u>Description</u>	<u>Date Purchase</u>	<u>Purchased Value</u>	<u>Depr. Method</u>	<u>Less Accumulated Depr. To Date</u>	<u>Current Value as of 12/31/04</u>
2000 Ford Windstar	██████	22600.00	10 yrs	9040.00	13560.00
2003 Rescue Ambul E450	██████	<u>94540.00</u>	10 yrs	<u>18908.00</u>	<u>75632.00</u>
TOTAL		117140.00		27948.00	89192.00



N5002098
2005

235 1875

Platte Ambulance Services, Inc.

EQUIPMENT

<u>Description</u>	<u>Date Purchase</u>	<u>Purchased Value</u>	<u>Depr. Method</u>	<u>Less Accumulated Depr. To Date</u>	<u>Current Value as of 12/31/04</u>
1-M-214 Watt Radio Transfer	██████	650.00	5 yrs	650.00	0.00
State Radio & CD Radio	██████	800.00	5 yrs	800.00	0.00
Ambulance Cot/All Level	██████	1295.00	5 yrs	1295.00	0.00
Ambulance Cot Chair	██████	589.00	5 yrs	589.00	0.00
Radio Transfer Amb Maxar 50	██████	772.50	5 yrs	772.50	0.00
2 Power Supply Invertens	██████	1130.00	5 yrs	1130.00	0.00
2 Light Bars	██████	1400.00	5 yrs	1400.00	0.00
4 Keywote Pagers	██████	1180.00	5 yrs	1180.00	0.00
1996 Defibrillator	██████	6600.00	10 yrs	4620.00	1980.00
1993 Patient Monitor	██████	2731.00	10 yrs	2731.00	0.00
6-2000 Motorola Pages w/chg.	██████	3600.00	5 yrs	3600.00	0.00
1999 Stryker	██████	3225.35	5 yrs	2580.28	645.07
2001 Allied Pressure Washer	11/28/01	1134.50	5 yrs	680.70	453.80
2001 4 New Motorola Pagers	██████	3100.00	5 yrs	1963.00	1137.00
2003 New State Radio in Amb	██████	1433.50	5 yrs	525.70	907.80
2003 New Cas 740-2NN Monitor	██████	2508.36	5 yrs.	794.35	1714.01
2004 4-Ext 500 Portable Radios	██████	<u>2800.00</u>	5 yrs.	<u>280.00</u>	<u>2520.00</u>
TOTAL		34949.21		25591.53	9357.68



246 1794 03/10/2006

2006 NONPROFIT REPORT

FILE DATE 03/01/06
RECEIPT NO. 1531256

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

RECEIVED

FEB 21 06

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:



NS002098 MAR/2005
PLATTE AMBULANCE SERVICE
~~NYLA ANTONSEN~~ Tom BOLTJES
~~609 EAST 7TH 12 E 7TH~~
PO BOX 1046
PLATTE SD 57369-1046

Day Time Phone # 605-337-3325

Federal Tax#: _____
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is ambulance service

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is \$ 221,586.58
* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Thomas Boltjes	President	121 W 7TH	Platte	SD	57369
Jarrod Lang	Vice President	27460 SD Hwy 45	Platte	SD	57369
Karla Senne	Secretary	112 Illinois	Platte	SD	57369
Karla Senne	Treasurer	112 Illinois	Platte	SD	57369

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Ted Bultsma	Director	401 Main St	Platte	SD	57369
Keith Van Zee	Director	611 E. 10th	Platte	SD	57369
Barb Weier	Director	900 Illinois	Platte	SD	57369

The report must be signed by the chairman of the board of directors, or its president, or any other officer.

Dated 2-8-06

Tom Boltjes
(Signature)

Vice President
(Title)

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
Fax (605) 773-4550

**NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$5 In addition to corporate report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____

2. The previous street address, or a statement that there is no street address, or its registered office _____
_____ ZIP _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____
_____ ZIP _____
4. The name of its previous registered agent is _____
5. The name of its successor (current) registered agent is * _____

***The Consent of Registered Agent below must be completed by the new agent.**

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or by another officer.

Dated _____ (Signature) _____

(Title)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(corporate name)
Dated _____ (signature of registered agent) _____

260 0797 04/05/2007

2007 NONPROFIT REPORT

FILE DATE 03/19/07
RECEIPT NO. 1658685
RECEIVED
MAR 19 2007
S.D. SEC. OF STATE

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

1. Corporate Name, Registered Agent and Registered Address:



* NS002098 *
NS002098 MAR/2006
PLATTE AMBULANCE SERVICE
NYLA-ANTONSEN Tom Boltjes
609 EAST 7TH 520 S Vermont Ave
PO BOX 1046
PLATTE SD 57369-1046

Day Time Phone # 605-337-3325
Federal Taxpe _____
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is ambulance service

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.
B. The amount of property presently held by the corporation is \$ 60,000
* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<input type="checkbox"/> <u>Thomas Boltjes</u>	President	<u>121 W 7th</u>	<u>Platte</u>	<u>SD</u>	<u>57369</u>
<input type="checkbox"/> <u>Jarrod Lang</u>	Vice President	<u>27460 SD Hwy 45</u>	<u>Platte</u>	<u>SD</u>	<u>57369</u>
<input type="checkbox"/> <u>Karen Burket</u>	Secretary	<u>200 Illinois Ave</u>	<u>Platte</u>	<u>SD</u>	<u>57369</u>
<input checked="" type="checkbox"/> <u>Holly Voetberg</u>	Treasurer	<u>111 W 9th St</u>	<u>Platte</u>	<u>SD</u>	<u>57369</u>

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please check the box next to the person's name above. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<input type="checkbox"/> <u>Ted Bultsma</u>	Director	<u>401 Main St.</u>	<u>Platte</u>	<u>SD</u>	<u>57369</u>
<input type="checkbox"/> <u>Keith Van Zee</u>	Director	<u>608 S Main St</u>	<u>Platte</u>	<u>SD</u>	<u>57369</u>
<input type="checkbox"/> <u>Barb Weier</u>	Director	<u>900 Illinois</u>	<u>Platte</u>	<u>SD</u>	<u>57369</u>
<input type="checkbox"/> <u>Jerome Beutz</u>		<u>900 Vermont Ave</u>	<u>Platte</u>	<u>SD</u>	<u>57369</u>

The report must be signed by the chairman of the board of directors, or its president, or any other officer.

Dated 3/7/07

Holly Voetberg
(Signature)
Treasurer
(Title)

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
Fax (605) 773-4550

**NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$5 In addition to corporate report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____
2. The previous street address, or a statement that there is no street address, or its registered office _____
609 E 7th Platte SD ZIP 57369
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included.
521 Vermont Ave Platte SD ZIP 57369
4. The name of its previous registered agent is Nyla Antonsen
5. The name of its successor (current) registered agent is Tom Boltjes

***The Consent of Registered Agent below must be completed by the new agent.**

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or by another officer.

Dated 3/7/07

Holly Yverberg
(Signature)

Treasurer
(Title)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Tom Boltjes, hereby give my consent to serve as the
(name of registered agent)

registered agent for Platte Ambulance Service
(corporate name)

Dated 3/7/07

Tom Boltjes
(signature of registered agent)

288 1309 03/31/2009

2008

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT
DOMESTIC NONPROFIT

Please Type or Print Clearly in Ink

FILING FEE: \$10 Make check payable to SECRETARY OF STATE

FILE DATE 03/30/09
 RECEIPT NO 7893501

RECEIVED

MAR 30 2009

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



NS002098
NS002098 MAR/2007
PLATTE AMBULANCE SERVICE
BOLTJES, TOM
521 VERMONT AVE
PLATTE SD 57369-1046

Telephone # _____
 FAX # _____

FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

2. The address of the principal executive office in or out of the State of South Dakota.

521 Vermont Ave Platte SD 57369-1046
 Street Address City State ZIP+4

Box 1046 Platte SD 57369
 Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Tom Boltjes

521 Vermont Ave Platte SD 57369
 Street Address (Required to be a South Dakota Address) City State ZIP+4

Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

4. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least three directors.

- | | | | | | |
|--------------------------|----------------------|---------------------|---------------|-----------|--------------|
| <input type="checkbox"/> | <u>Tom Boltjes</u> | <u>121 W 7th</u> | <u>Platte</u> | <u>SD</u> | <u>57369</u> |
| | President | Street Address | City | State | ZIP+4 |
| <input type="checkbox"/> | <u>Jarod Lang</u> | <u>10 Ind. Ave.</u> | <u>Platte</u> | <u>SD</u> | <u>57369</u> |
| | Vice President | Street Address | City | State | ZIP+4 |
| <input type="checkbox"/> | <u>Karen Burket</u> | <u>200 Ill. Ave</u> | <u>Platte</u> | <u>SD</u> | <u>57369</u> |
| | Secretary | Street Address | City | State | ZIP+4 |
| <input type="checkbox"/> | <u>Holly Votberg</u> | <u>171 W. 9 St.</u> | <u>Platte</u> | <u>SD</u> | <u>57369</u> |
| | Treasurer | Street Address | City | State | ZIP+4 |
| <input type="checkbox"/> | <u>Ted Bultsma</u> | <u>401 Main St.</u> | <u>Platte</u> | <u>SD</u> | <u>57369</u> |
| | Director | Street Address | City | State | ZIP+4 |
| <input type="checkbox"/> | <u>Keith VanZee</u> | <u>400 Main St.</u> | <u>Platte</u> | <u>SD</u> | <u>57369</u> |
| | Director | Street Address | City | State | ZIP+4 |
| <input type="checkbox"/> | <u>Barb Weier</u> | <u>900 Ill. Ave</u> | <u>Platte</u> | <u>SD</u> | <u>57369</u> |
| | Director | Street Address | City | State | ZIP+4 |

Dated 2/24/09

Tom Boltjes
 (Signature of an authorized officer)

Tom Boltjes
 (Printed Name)

President
 (Title)

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

FILING FEE: \$10 Make check payable to SECRETARY OF STATE

The undersigned entity submits the following statement for purpose of changing its registered office and/or its registered agent in the State of South Dakota.

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

3. If listing a Commercial Registered Agent, please state their identification number: _____

4. The address of the agent currently on file for this entity

Street Address (Required)	City	State	ZIP+4
---------------------------	------	-------	-------

Mailing Address (Optional)	City	State	ZIP+4
----------------------------	------	-------	-------

5. If the address has changed, its new address

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
--	------	-------	-------

Mailing Address (Optional – Required to be a South Dakota Address)	City	State	ZIP+4
--	------	-------	-------

6. The address of its registered office and the address of the business office of its registered agent, as changed, must be identical.

Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)

291 2879 06/10/2009

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

2009

ANNUAL REPORT DOMESTIC NONPROFIT

Please Type or Print Clearly in Ink

FILING FEE: \$10 Make check payable to SECRETARY OF STATE

FILE DATE 06/02/09
 RECEIPT NO 1917691
RECEIVED
APR 17 2009
S.D. SEC. OF STATE
RECEIVED
JUN 02 2009
S.D. SEC. OF STATE

Telephone # _____
 FAX # _____

FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

RECEIVED
MAY 06 2009
S.D. SEC. OF STATE

1. Corporate ID and Name:

NS002098 2009

PLATTE AMBULANCE SERVICE
BOLTJES, TOM
521 VERMONT AVE
PLATTE SD 57369

2. The address of the principal executive office in or out of the State of South Dakota.

521 Vermont Ave Platte SD 57369
 Street Address City State ZIP+4
Box 1046 Platte SD 57369
 Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

Tom Boltjes
~~Platte Ambulance Service~~
521 Vermont Ave Platte SD 57369
 Street Address (Required to be a South Dakota Address) City State ZIP+4
Box 1046 Platte SD 57369
 Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

4. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least three directors.

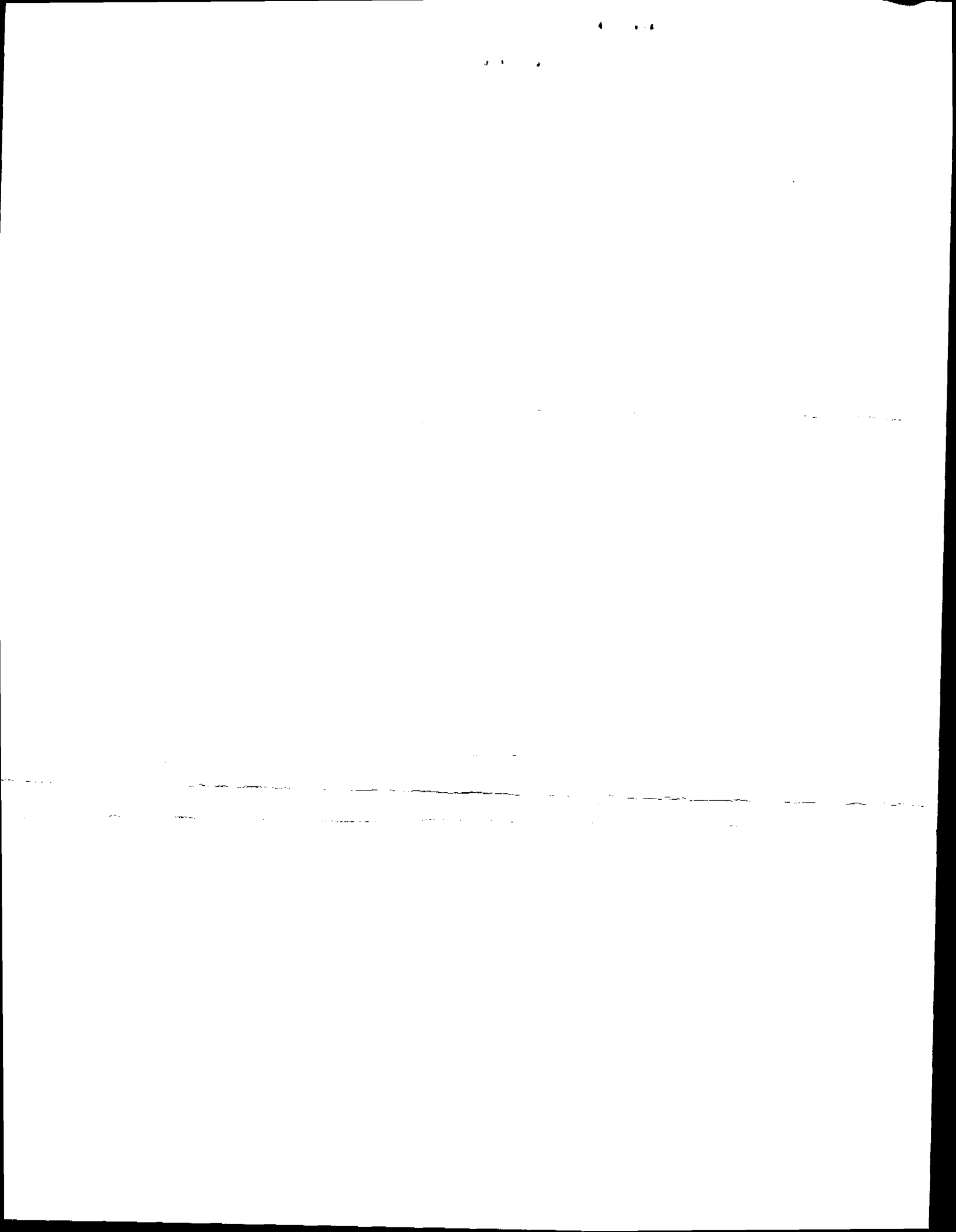
<input checked="" type="checkbox"/>	Ted Bultsma	401 N Main	Platte	SD	57369
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Keith VanZee	500 Main	Platte	SD	57369
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Barb Weier	8th Ave St	Platte	SD	57369
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Holly Voelberg	12 E 9th	Platte	SD	57369
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Jerome Beutz	912 Vermont	Platte	SD	57369
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

Dated

4/13/09 5/30/09

Tom Boltjes
 (Signature of an authorized officer)
Tom Boltjes
 (Printed Name)
President
 (Title)

Keith VanZee
VP



2010

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT
DOMESTIC NONPROFIT

Please Type or Print Clearly in Ink

FILING FEE: \$10 Make check payable to SECRETARY OF STATE

FILE DATE 4-14-10
RECEIPT NO 2021751
RECEIVED
MAR 30 2010
S.D. SEC. OF STATE

Corporate Name, Registered Agent Name and Address:



NS002098 MAR/2009
PLATTE AMBULANCE SERVICE
BOLTJES, TOM
521 VERMONT AVE
PLATTE SD 57369-1046

RECEIVED
APR 14 2010
S.D. SEC. OF STATE

Telephone # _____
FAX # _____
FILING DATE: Due during the month
the Certificate of Incorporation was
issued, and delinquent after the last
day of the following month.

2. The address of the principal executive office in or out of the State of South Dakota.

521 Vermont Ave Platte SD 57369
Street Address City State ZIP+4
P.O. Box 1046 Platte SD 57369
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

Platte Ambulance Tom Boltjes
521 Vermont Ave Platte SD 57369
Street Address (Required to be a South Dakota Address) City State ZIP+4
P.O. Box 1046 Platte SD 57369
Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

4. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least three directors.

Ted Bultsma 401 N Main Platte SD 57369
President Street Address City State ZIP+4
 Kith Van-Zee 2 Cedar Ridge Rd Platte SD 57369
Vice President Street Address City State ZIP+4
 Holly Voetberg 14 E 9th Platte SD 57369
Secretary Street Address City State ZIP+4
 Barb Weier 901 Illinois Platte SD 57369
Treasurer Street Address City State ZIP+4
 Jerome Bentz 901 Vermont Platte SD 57369
Director Street Address City State ZIP+4
 _____ Platte SD _____
Director Street Address City State ZIP+4
 _____ Platte SD _____
Director Street Address City State ZIP+4

Dated 2-2-10

[Signature]
(Signature of an authorized officer)
Kath Van Zee
(Printed Name)
Vice President
(Title)

304 2989

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

FILING FEE: \$10 Make check payable to SECRETARY OF STATE

The undersigned entity submits the following statement for purpose of changing its registered office and/or its registered agent in the State of South Dakota.

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

3. If listing a Commercial Registered Agent, please state their identification number: _____

4. The address of the agent currently on file for this entity

Street Address (Required) City State ZIP+4

Mailing Address (Optional) City State ZIP+4

5. If the address has changed, its new address

Street Address (Required to be a South Dakota Address) City State ZIP+4

Mailing Address (Optional – Required to be a South Dakota Address) City State ZIP+4

6. The address of its registered office and the address of the business office of its registered agent, as changed, must be identical.

Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)

2011

Enter Filing Year

ANNUAL REPORT

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

DOMESTIC NONPROFIT

Please Type or Print Clearly In Ink

FILING FEE: \$10.00 Make check payable to SECRETARY OF STATE

FILE 3/6/2013

RECEIPT NO 99426

1. Corporate Name and Address:

NS002098
PLATTE AMBULANCE SERVICE
521 VERMONT AVE
PLATTE, SD 57369-2170

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address).

521 VERMONT AVE	PLATTE	SD	57369-2170
Street Address	City	State	ZIP+4
PO BOX 1046	PLATTE	SD	57369-1046
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: TOM BOLTJES

521 VERMONT AVE	PLATTE	SD	57369-1046
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least three director.

<input checked="" type="checkbox"/>	TED BULTSMA	PO BOX 931	PLATTE	SD	57369
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	KEITH VANZEE	PO BOX 138	PLATTE	SD	57369
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	BARB WEIER	PO BOX 473	PLATTE	SD	57369
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	HOLLY VOETBERG	PO BOX 34	PLATTE	SD	57369
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	JEROME BENTZ	PO BOX 873	PLATTE	SD	57369
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty. By signing this form you agree to have both the fee and the form processed electronically.

Date 03/06/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

VICKI L JENSEN

(Printed Name)

2012

Enter Filing Year

ANNUAL REPORT

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

DOMESTIC NONPROFIT

Please Type or Print Clearly In Ink

FILING FEE: \$10.00 Make check payable to SECRETARY OF STATE

FILE 3/6/2013

RECEIPT NO 99444

1. Corporate Name and Address:

NS002098
PLATTE AMBULANCE SERVICE
521 VERMONT AVE
PLATTE, SD 57369-2170

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address).

521 VERMONT AVE	PLATTE	SD	57369-2170
Street Address	City	State	ZIP+4
PO BOX 1046	PLATTE	SD	57369-1046
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: TOM BOLTJES

521 VERMONT AVE	PLATTE	SD	57369-1046
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

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<input checked="" type="checkbox"/>	TED BULTSMA	PO BOX 931	PLATTE	SD	57369
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	KEITH VANZEE	PO BOX 138	PLATTE	SD	57369
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	BARB WEIER	PO BOX 473	PLATTE	SD	57369
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	HOLLY VOETBERG	PO BOX 34	PLATTE	SD	57369
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	JEROME BENTZ	PO BOX 873	PLATTE	SD	57369
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

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Date 03/06/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

VICKI L JENSEN

(Printed Name)

2013

Enter Filing Year

ANNUAL REPORT

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

DOMESTIC NONPROFIT

Please Type or Print Clearly In Ink

FILING FEE: \$10.00 Make check payable to SECRETARY OF STATE

FILE 2/28/2014

RECEIPT NO 180748

1. Corporate Name and Address:

NS002098
PLATTE AMBULANCE SERVICE
521 VERMONT AVE
PLATTE, SD 57369-2170

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address).

521 VERMONT AVE	PLATTE	SD	57369-2170
Street Address	City	State	ZIP+4
PO BOX 1046	PLATTE	SD	57369-1046
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: TOM BOLTJES

521 VERMONT AVE	PLATTE	SD	57369-1046
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least three director.

<input checked="" type="checkbox"/>	TED BULTSMA	PO BOX 931	PLATTE	SD	57369
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	KEITH VANZEE	PO BOX 138	PLATTE	SD	57369
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	BARB WEIER	PO BOX 473	PLATTE	SD	57369
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	HOLLY VOETBERG	PO BOX 34	PLATTE	SD	57369
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	JEROME BENTZ	PO BOX 873	PLATTE	SD	57369
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty. By signing this form you agree to have both the fee and the form processed electronically.

Date 02/28/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

VICKI L JENSEN

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

DOMESTIC NONPROFIT

Please Type or Print Clearly In Ink

FILING FEE: \$10.00 Make check payable to SECRETARY OF STATE

FILE 2/28/2014

RECEIPT NO 180749

1. Corporate Name and Address:

NS002098
PLATTE AMBULANCE SERVICE
521 VERMONT AVE
PLATTE, SD 57369-2170

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address).

521 VERMONT AVE	PLATTE	SD	57369-2170
Street Address	City	State	ZIP+4
PO BOX 1046	PLATTE	SD	57369-1046
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: TOM BOLTJES

521 VERMONT AVE	PLATTE	SD	57369-1046
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least three director.

<input checked="" type="checkbox"/>	TED BULTSMA	PO BOX 931	PLATTE	SD	57369
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	KEITH VANZEE	PO BOX 138	PLATTE	SD	57369
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	BARB WEIER	PO BOX 473	PLATTE	SD	57369
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	HOLLY VOETBERG	PO BOX 34	PLATTE	SD	57369
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	JEROME BENTZ	PO BOX 873	PLATTE	SD	57369
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

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Date 02/28/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

VICKI L JENSEN

(Printed Name)

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

Certificate of Amendment Domestic Nonprofit

ORGANIZATIONAL ID# NS002098

I, **Jason Gant**, Secretary of State of the State of South Dakota, hereby certify that the Amendment to the Articles of Incorporation of

PLATTE AMBULANCE SERVICE

duly signed and verified, have been received in this office and are found to conform to law.

ACCORDINGLY, and by virtue of the authority vested in me by law, I hereby issue this Certificate of Amendment and attach hereto a duplicate of the Amendment to the Articles of Incorporation.

IN TESTIMONY WHEREOF,
I have hereunto set my hand and
affixed the Great Seal of the
State of South Dakota, at Pierre,
the Capital, this 07/01/2014.



Jason M. Gant
Secretary of State

7/1/2014 7:52:49 AM
Change ID: 1180864

Filed this 26th day of June, 2014
James Jant
SECRETARY OF STATE

RECEIVED
JUN 26 2014
S.D. SEC. OF STATE

AMENDMENT TO ARTICLES OF INCORPORATION
OF PLATTE AMBULANCE SERVICE

Executed by the undersigned in accordance with SDCL 47-22-19 for the purpose of amending the Articles of Incorporation of the Platte Ambulance Service, a nonprofit corporation, which articles were filed of record with the South Dakota Secretary of State on March 26, 1968.

Pursuant to due and proper notice of a meeting or the waiver of such notice a meeting the board of directors of the corporation was held on the 28th day of April, 2014, to amend the Articles of Incorporation of the corporation. Pursuant to said meeting, the Articles of Incorporation have been amended by the directors of the nonprofit corporation in the manner prescribed by SDCL Chapter 47-22. There are no members of this nonprofit corporation who are entitled to vote on this amendment, but this amendment was adopted by a vote of the Board of Directors. Further, this amendment received the vote of a majority of the directors in office on the above date.

The amendments to the Articles of Incorporation are as follows:

Article VI of the original Articles of Incorporation shall be amended so that the original Article VI is deleted and replaced with the following article:

ARTICLE VI

The purposes for which the corporation is organized are as follows:

- a. The corporation is organized exclusively for charitable, religious, educational, and/or scientific purposes under and within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code;
- b. To act alone or in concert or cooperation with other governmental and tax exempt organizations to accomplish the foregoing purposes.
- c. The corporation shall not engage in any activities not permitted to be engage in by a corporation exempt from Federal Income Tax under Section 501 (c)(3) of the Internal Revenue Code of 1954 as revised and amended, or by a corporation to which contributions are deductible under Section 170 (c)(2) of the Internal Revenue Code of 1954, as revised and amended.

The original Articles of Incorporation shall be amended so that an additional article shall be provided which shall be Article XI which shall read as follows:

ARTICLE XI

All of the corporation's assets shall be dedicated to the exempt purposes under and within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

Upon dissolution of the corporation, the board of directors shall, at their sole discretion, after paying or making provisions for the payment of all of the liabilities of the corporation, dispose of all of the assets of the corporation exclusively for the purposes of the corporation in such a manner or to such organization(s) organized and operated exclusively for the same or similar purpose as this corporation and which shall at the time qualify as an exempt organization(s) under 501(c)(3) of the Internal Revenue Code of 1954, as revised and amended.

The corporation shall not afford pecuniary gain, incidentally or otherwise, to its directors, officers, or agents except that the corporation shall be authorized and empowered to reimburse persons incurring necessary expenses on behalf of the corporation, to pay reasonable compensation for services rendered, and to make payment and distributions in furtherance of the purpose set forth herein.

No part of the income of the corporation shall inure to the benefit of any director, officer or agent of corporation and any balance of money or assets remaining after the full payment of corporate obligations of any and all kind shall be devoted solely to the corporate purposes as set forth herein.

Executed on the date and year set forth below.

4-28-14
Date



TED BULTSMA - PRESIDENT



Secretary of State

Jason M. Gant

State Capitol | 500 E. Capitol Ave. | Pierre, South Dakota 57501 | sdsos@state.sd.us | sdsos.gov

Return To: PLATTE AMBULANCE SERVICE INC
PO BOX 1046
PLATTE, SD 57369

From: Secretary of State Jason M. Gant
Corporations Division

Filing Date: 07/01/2014

Re: PLATTE AMBULANCE SERVICE (NS002098)
Amendment

The documents on behalf of PLATTE AMBULANCE SERVICE have been received and filed. Attached is the Certificate along with a receipt for the filing fee of \$15.00. Below is a summary of the transaction.

Remitter	Address	Amount Paid
PLATTE AMBULANCE SERVICE INC	PO BOX 1046 PLATTE, SD 57369	\$15.00
Total:		\$15.00

Description	Invoice Date	Qty	Receipt #	Subtotal
Amendment	07/01/2014	1	213247	\$15.00
Total:				\$15.00

Administration
Tel: (605) 773-3537
Fax: (605) 773-6580

Corporations
Tel: (605) 773-4845
Fax: (605) 773-4550

Uniform Commercial Code
Tel: (605) 773-3537
Fax: (605) 773-6580



2015

Enter Filing Year

ANNUAL REPORT

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

DOMESTIC NONPROFIT

Please Type or Print Clearly In Ink

FILING FEE: \$10.00 Make check payable to SECRETARY OF STATE

FILE DATE 5/4/2015

RECEIPT NO 292412

1. Corporate Name and Address:

NS002098
PLATTE AMBULANCE SERVICE
521 VERMONT AVE
PLATTE, SD 57369-2170

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address).

521 VERMONT AVE	PLATTE	SD	57369-2170
Street Address	City	State	ZIP+4
PO BOX 1046	PLATTE	SD	57369-1046
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: TOM BOLTJES

521 VERMONT AVE	PLATTE	SD	57369-1046
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
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<input checked="" type="checkbox"/>	BARB WEIER	PO BOX 473	PLATTE	SD	57369
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	HOLLY VOETBERG	PO BOX 34	PLATTE	SD	57369
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	JEROME BENTZ	PO BOX 873	PLATTE	SD	57369
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

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By signing this form you agree to have both the fee and the form processed electronically.

Dated 05/04/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

VICKI L JENSEN

(Printed Name)

2016

Enter Filing Year
 Secretary of State Office
 500 E Capitol Ave
 Pierre, SD 57501
 (605)773-4845

ANNUAL REPORT
DOMESTIC NONPROFIT CORPORATIONS

SDCL 47-24-6; 59-11-24

Please Type or Print Clearly In Ink

FILING FEE: \$10.00 Make check payable to SECRETARY OF STATE

FILE DATE 4/22/2016

RECEIPT NO 407932

1. Corporate ID and Name:

NS002098

Enter Corporate ID

PLATTE AMBULANCE SERVICE

Enter Corporate Name

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address).

521 VERMONT AVE	PLATTE	SD	57369-2170
Actual Street Address or Rural Route Box Number	City	State	ZIP+4
PO BOX 1046	PLATTE	SD	57369-1046
Mailing Address, if Different from Street Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: TOM BOLTJES

521 VERMONT AVE	PLATTE	SD	57369-1046
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and addresses of its principal officers and directors (governors). South Dakota Law requires at least three directors.

<input checked="" type="checkbox"/>	TED BULTSMA	PO BOX 931	PLATTE	SD	57369
	President	Actual Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	KEITH VANZEE	PO BOX 138	PLATTE	SD	57369
	Vice President	Actual Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	BARB WEIER	PO BOX 473	PLATTE	SD	57369
	Secretary	Actual Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	HOLLY VOETBERG	PO BOX 34	PLATTE	SD	57369
	Treasurer	Actual Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	JEROME BENTZ	PO BOX 873	PLATTE	SD	57369
	Director	Actual Street Address	City	State	ZIP+4

Director

Actual Street Address

City

State

ZIP+4

Director

Actual Street Address

City

State

ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty (SDCL 47-1A-129).

Dated 04/22/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

VICKI L JENSEN

(Printed Name)

*By signing this form you agree to have both the fee and the form processed electronically.
A fee of up to \$40 will be assessed for returned payments.

4/22/2016 12:01:58 PM