No. C 134920		Due no later than Jul 31, 2018		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. SNAKE RIVER COMMUNITY CLINIC, INC. CHARLOTTE M ASH 215 10TH ST LEWISTON ID 83501		215 10TH ST LEWISTON II	GLENN JEFFERSON 215 10TH ST LEWISTON ID 83501 3. New Registered Agent Signature:*			
4. Corporations: Enter N	lames and Busin	ess Addresses o	f President, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	SHARON SHEAHAN		215 TENTH STREET	LEWISTON	ID	USA	83501	
SECRETARY PRESIDENT	CAROL MOE		215 TENTH STREET 215 TENTH STREET	LEWISTON LEWISTON	ID ID	USA USA	83501 83501	
DIRECTOR	GLENN JEFFERSON DONALD WEE		1221 HIGHLAND AVE	CLARKSTON	WA	USA	99403	
5. Organized Under the Laws of: 6. Annu		6. Annual Repo	Annual Report must be signed.*					
ID C 134920		Signature: Charlotte M. Ash		Date:	Date: 06/05/2018			
		Name (type or print): Charlotte M. Ash		Title:	Title: Executive Director			
Processed 06/05/2018		* Electronically	provided signatures are accepted as origina	al signatures.				