NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. Office held Name Street or P.O. Address City State Zip Charleman Glenn Jetterun, MD 215 Tenrh Street Lewiston ID 8350/ Secretarily Carel Moethole 215 Tenrh Street Lewiston ID 8350/ Director C. Stamey English 215 Tenrh Street Lewiston ID 8350/ Director Thickard Zagnas 215 Tenrh Street Lewiston ID 8350/ Director Thickard Zagnas 215 Tenrh Street Lewiston ID 8350/ Children Thickard Zagnas 215 Tenrh Street Lewiston ID 8350/ Children Thickard Company 2000 100 100 100 100 100 100 100 100 10	No. Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Due no later than July 31, 2005 Annual Report Form 1. Mailing Address - Correct in this box, if applicable SNAKE RIVER COMMUNITY CLINIC, INC. 215 10TH ST LEWISTON, ID 83501	2. Registered Agent and Office NO PO BOX GLENN JEFFERSON 215 10TH ST LEWISTON, ID 83501 3. New Registered Agent Signature
(A) 1/0:	4. Corporations: Enter No.	Street of P.U. Addiess	
5. Organized Under the Laws of: IDAHO C 134920 Issued 05/02/2005 Date Signature Name **Indeed of Not Tape or Staple* Date Signature Name **Onted** Date Signature Name **Onted** Do Not Tape or Staple* Date Signature Name **Onted** Date Signature Name **Onted** Do Not Tape or Staple*	5. Organized Under the Laws of:	Signature Name (1) upon 50 HAR OHE AS I	Date