

No. C 195167	Due no later than Jun 30, 2015 Annual Report Form	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	1. Mailing Address: Correct in this box if needed. SNAKE RIVER REHABILITATION COUNSELING SERVICES, INC MICHELLE FITTING 1002 IDAHO STREET LEWISTON ID 83501	MICHELLE FITTING 2219 CEDAR AVE LEWISTON ID 83501 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
PRESIDENT	MICHELLE R FITTING	2219 CEDAR AVE	LEWISTON	ID	USA	83501
5. Organized Under the Laws of: ID C 195167	6. Annual Report must be signed.* Signature: Michelle Fitting Name (type or print): Michelle Fitting		Date: 04/21/2015 Title: President			
Processed 04/21/2015		* Electronically provided signatures are accepted as original signatures.				