No. **C 195167**	**Due no later than Jun 30, 2016** **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. New 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:	6. Annual Report must be signed.*	
ID **C 195167**	Signature: Michelle Fitting	Date: 07/25/2016
	Name (type or print): Michelle Fitting	Title: owner/president

Processed 07/25/2016

* Electronically provided signatures are accepted as original signatures.