No. **C 123595**	**Due no later than Apr 30, 2017**	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 4X4, INC. THOMAS L HOWELL 4275 E 1400 N ASHTON ID 83420	THOMAS L HOWELL 4275 E 1400 N ASHTON ID 83420 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
DIRECTOR	KARLA M HOWELL	4275 E. 1400 N.	ASHTON,	ID	USA	83420-5405
DIRECTOR	JASON T. HOWELL	1407 STATE HIWAY 47	ASHTON	ID	USA	83420-5405

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 123595**	Signature: Thomas L. Howell	Date: 02/22/2017
	Name (type or print): Thomas L. Howell	Title: Pres

Processed 02/22/2017

* Electronically provided signatures are accepted as original signatures.