

No. <b>C 195167</b>		<b>Due no later than Jun 30, 2017</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> SNAKE RIVER REHABILITATION COUNSELING SERVICES, INC MICHELLE FITTING 1002 IDAHO STREET LEWISTON ID 83501		MICHELLE FITTING 1002 IDAHO STREET 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:		6. Annual Report must be signed.*					
<b>ID C 195167</b>		Signature: Michelle Fitting				Date: 05/06/2017	
		Name (type or print): Michelle Fitting				Title: Owner	
Processed 05/06/2017		* Electronically provided signatures are accepted as original signatures.					