| No. C 158899 | | Due no later than Feb 28, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. SNAKE RIVER HEMOPHILIA AND BLEEDING DISORDERS ASSOCIATION, INC. CHAD STEVENS PO BOX 245 NEWDALE ID 83436 | | 2. Registered Ag | Registered Agent and Address (NO PO BOX) CHAD E STEVENS | | | |
|--|--|---|---|---|---|-------------------|------------------------------|---------------------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| | | | | 520 CHURCH ST NEWDALE ID 83436 3. New Registered Agent Signature:* | | | | |
| | | | | | | | | 4. Corporations: Enter Na |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT SECRETARY VICE PRESIDENT | CHAD E STEVENS ANGIE BOLING SCOTT BOLING | | 520 CHURCH STREET BOX 245 1589 BLUE BIRD LANE 1589 BLUE BIRD LANE | NEWDALE IDAHO FALLS IDAHO FALLS | ID ID ID | USA USA USA | 83436-5084 83402 83402 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Chad | | Date: 01/03/2017 | | | | |
| C 158899 | | Name (type or pr | | Title: President | | | | |
| Processed 01/03/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |