No. W 110447	Due no later than Jan 31, 2013	2. Registered Agent and Address (NO PO BOX)
Return to:	Annual Report Form	JOEL BUXTON
SECRETARY OF STATE	1. Mailing Address: Correct in this box if ne	needed. 2235 E 25TH ST #290
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SNAKE RIVER COUNSELING CENTER, LLC KEVIN G CLARK 2235 E 25TH ST #290	IDAHO FALLS ID 83404
	IDAHO FALLS ID 83404	3. New Registered Agent Signature:*
NO FILING FEE IF RECEIVED BY DUE DATE		
4. Limited Liability Companies: Enter N	Names and Addresses of at least one Member or Manag	ager.
Office Held Name	Street or PO Address	City State Country Postal Code
MANAGER KEVIN G	CLARK 2235 E 25TH ST. #290	IDAHO FALLS ID USA 83404
5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID	Signature: Kevin Clark	Date: 11/29/2012
W 110447	Name (type or print): Kevin Clark	Title: Managing Partner
Processed 11/29/2012	* Electronically provided signatures are accepted as	as original signatures.