

No. C 155090

**Due no later than June 30, 2008
Annual Report Form**

Return to:
**SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080**

**NO FILING FEE IF
RECEIVED BY DUE DATE**

1. Mailing Address - Correct in this box, if applicable

**SNAKE RIVER MEDICAL SERVICES, INC.
526-C SHOUP AVE W
TWIN FALLS, ID 83301**

2. Registered Agent and Office NO PO BOX

**CARLA MILLER
124 E 300 N
JEROME, ID 83338**

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Carla Miller	526-C Shoup Ave W	Twin Falls	Id.	83301
Secretary	Carla Miller	526-C Shoup Ave W	Twin Falls	Id.	83301
Director	Carla Miller	526-C Shoup Ave W	Twin Falls	Id.	83301

5. Organized Under the Laws of:

**IDAHO
C 155090**

**6.
Signature**

**Name (Typed or
Printed)**

Carla Miller

Date

4-9-08

Title

President