No. **C 192917**	**Due no later than Nov 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 FAMILY ASSISTANCE, INC. JARED EDDINGTON 561 W 200 S BLACKFOOT ID 83221	JARED EDDINGTON 561 W 200 S BLACKFOOT ID 83221 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
TREASURER	JARED EDDINGTON	561 W 200 S	BLACKFOOT	ID	USA	83221
DIRECTOR	KAREN PENDLEBURY	158 DEWEY	BLACKFOOT	ID	USA	83221
PRESIDENT	DELLISA EDDINGTON	561 W 200 S	BLACKFOOT	ID	USA	83221

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 192917**	Signature: Jared Eddington	Date: 09/26/2017
	Name (type or print): Jared Eddington	Title: Treasurer

Processed 09/26/2017

* Electronically provided signatures are accepted as original signatures.