No. C 158899		Due no later than Feb 28, 2015		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form			CHAD E STEVENS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SNAKE RIVER HEMOPHILIA AND BLEEDING DISORDERS ASSOCIATION, INC. CHAD STEVENS PO BOX 245		520 CHURCH ST NEWDALE 83436 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE		NEWDALE ID 83436						
4. Corporations: Enter Nar	nes and Busin	ess Addresses of P	resident, Secretary, and Directors. Treasure	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	MARTHA FORD		P.O. BOX 482	SUGAR CITY	ID	USA	83448-5084	
PRESIDENT	CHAD E STI		520 CHURCH STREET BOX 245	NEWDALE	ID	USA	83436-5084	
SECRETARY	ANGIE BOLING		5649 BARTON LANE	AMMON	ID	USA	83406-5084	
VICE PRESIDENT	SCOTT BOLI	ING	5649 BARTON LANE	AMMON	ID	USA	83406-5084	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 158899		Signature: Chad Stevens		Date: 12/19/2014				
		Name (type or print): Chad Stevens		Title: President				
Processed 12/19/2014	rocessed 12/19/2014 * Electronically provided signatures are accepted as original signatures.							