

No. **C 98030****Due no later than Mar 31, 2001**
Annual Report Form

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
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 HEALTH MANAGEMENT, INC.

PO BOX 1786

IDAHO FALLS, ID 83403

2. Registered Agent and Office NO PO BOX

DAVID ANDERSEN

~~PO BOX 1786~~ 363 Tyra
Idaho Falls, ID 83401
~~BLACKFOOT, ID 83221~~**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	David L. Andersen	P.O. Box 1786	Idaho Falls,	ID	83403
Secretary	Susan A. Andersen	P.O. Box 1786	Idaho Falls,	ID	83403
Director	David L. Andersen	P.O. Box 1786	Idaho Falls,	ID	83403

5. Organized Under the Laws of:IDAHO
C 98030**6.**

Signature

Name (Typed or Printed)

David L. Andersen

Date

3/1/01

Title:

~~XXX~~ President

Issued 01/02/2001

Do Not Tape or Staple

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