

No. **C 134920**

Due no later than July 31, 2006

Annual Report Form

2. Registered Agent and Office **NO PO BOX**GLENN JEFFERSON
215 10TH ST
LEWISTON, ID 83501Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

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

SNAKE RIVER COMMUNITY CLINIC, INC.
215 10TH ST
LEWISTON, ID 835013. New Registered Agent Signature**NO FILING FEE IF
RECEIVED BY DUE DATE**

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

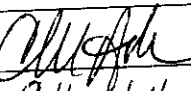
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
CHAIRMAN	Glenn Jefferson MD	215 10th Street	Lewiston	ID	83501
Sec/Treas	Carol Moehrle	215 10th Street	Lewiston	ID	83501
Vice Chair	C. Stacey English MD	215 10th Street	Lewiston	ID	83501

5. Organized Under the Laws of:
IDAHO
C 134920

6.

Signature

Name (Typed or Printed)



CHARLOTTE M. ARM

Date

5/10/06

Title

Director

200607004262