

No. C 134920

Due no later than July 31, 2006

Annual Report Form

Return 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 83501

2. Registered Agent and Office NO PO BOX

GLENN JEFFERSON
215 10TH ST
LEWISTON, ID 83501

3. 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. Stanley 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. Ash

Date 5/10/06

Title Director

200607004262

Issued 05/01/2006

Do Not Tape or Staple