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|--|----------------|--|--------|--|---------|-------------|
| No. C 155090 | | Due no later than Jun 30, 2014 | | 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 | | 1. Mailing Address: Correct in this box if needed. SNAKE RIVER MEDICAL SERVICES, INC. CARLA E MILLER 526-B SHOUP AVE W TWIN FALLS ID 83301 USA | | CARLA MILLER 124 E 300 N JEROME ID 83338 | | |
| | | | | 3. <u>New</u> 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 | CARLA E MILLER | 124 E 300 N | JEROME | ID | USA | 83338 |
| DIRECTOR | CARLA E MILLER | 124 E 300 N | JEROME | ID | USA | 83338 |
| SECRETARY | CARLA E MILLER | 124 E 300 N | JEROME | ID | USA | 83338 |
| PRESIDENT | CARLA E MILLER | 124 E 300N | JEROME | ID | USA | 83338 |
| 5. Organized Under the Laws of: ID C 155090 | | 6. Annual Report must be signed.* Signature: Carla E Miller Name (type or print): Carla E Miller | | | | |
| | | Date: 04/14/2014 Title: President | | | | |
| Processed 04/14/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | |