

No. C 93030

Annual Report Form

1996

Due No Later Than November 30,

2. Registered Agent and Office NOT A P.O. BOX

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

1. Mailing Address - Please Correct, If Not Correct

SNAKE RIVER HEALTH MANAGEMEN

PO BOX 1786

DAVID ANDERSON
765 W JUDICIAL

BLACKFOOT ID 83221

3. Organized Under the Laws of:

* FIRST NOTICE *

IDAHO FALLS ID 83403

ID C 98030

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of ☐ **Managers** or ☐ **Members** (check one)

<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	83401
Secretary	Susan A. Andersen	P.O. Box 1786	Idaho Falls	ID	83401
Directors	David L. Andersen	P.O. Box 1786	Idaho Falls	ID	83401

5. NATURE OF BUSINESS

HEALTH SERVICES

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature  Date 10/19/96

Name (Typed or Printed) David L. Anderson Title President

ISSUED: 07-06-1996

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