

No. C 134920

Due no later than July 31, 2008

## Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE  
450 NORTH FOURTH STREET  
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

GLENN JEFFERSON  
215 10TH ST  
LEWISTON, ID 83501

NO FILING FEE IF  
RECEIVED BY DUE DATE

3. New Registered Agent Signature

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

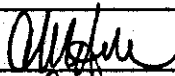
| Office held | Name               | Street or P.O. Address | City     | State | Zip   |
|-------------|--------------------|------------------------|----------|-------|-------|
| Chairman    | Glenn Jefferson MD | 215 Tenth St.          | Lewiston | ID    | 83501 |
| Director    | Carol Moehle       | 215 Tenth St.          | Lewiston | ID    | 83501 |
| Director    | C-S. English MD    | 215 Tenth St.          | Lewiston | ID    | 83501 |
| Director    | Dick Roghas        | 215 Tenth St.          | Lewiston | ID    | 83501 |
|             |                    |                        |          |       |       |
|             |                    |                        |          |       |       |

5. Organized Under the Laws of:

IDAHO  
C 134920

6.

Signature



Date

6/3/08

Name (Typed or Printed)

Charlotte M. Ash

Title

Exec Director