

No. **C 134920****Due no later than Jul 31, 2003**
Annual Report Form2. Registered Agent and Office **NO PO BOX**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

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-Chmn	Stamey English MD	215 10th Street	Lewiston	ID	83501
Director	Charlotte Ash	215 10th Street	Lewiston	ID	83501

5. Organized Under the Laws of:

IDAHO
C 134920


6.

Signature

Name (Typed or
Printed)

Date

Title



CHARLOTTE ASH

7/30/03

Director