

No. C 134920		Due no later than Jul 31, 2013		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. SNAKE RIVER COMMUNITY CLINIC, INC. CHARLOTTE M ASH 215 10TH ST LEWISTON ID 83501 USA		GLENN JEFFERSON 215 10TH ST LEWISTON ID 83501		
				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
DIRECTOR	JIM JURGENS	4TH AVE & 6TH STREET	LEWISTON	ID	USA	83501
DIRECTOR	GRETCHEN REHBERG	713 8TH STREET	LEWISTON	ID	USA	83501
DIRECTOR	TIM SAYLER	4TH AVE. & 6TH ST.	LEWISTON	ID	USA	83501
DIRECTOR	SHARON SHEAHAN	215 TENTH STREET	LEWISTON	ID	USA	83501
SECRETARY	CAROL MOEHRLE	215 TENTH STREET	LEWISTON	ID	USA	83501
PRESIDENT	GLENN JEFFERSON	215 TENTH STREET	LEWISTON	ID	USA	83501
DIRECTOR	DONALD WEE	1221 HIGHLAND AVE	CLARKSTON	WA	USA	99403
5. Organized Under the Laws of: ID C 134920		6. Annual Report must be signed.* Signature: Charlotte M. Ash Name (type or print): Charlotte M. Ash Date: 05/30/2013 Title: Executive Director				
Processed 05/30/2013		* Electronically provided signatures are accepted as original signatures.				