No. C 134920	Due no later than Jul 31, 200 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE	Mailing Address - Correct in this box. if app	
700 WEST JEFFERSON PO BOX 83720	SNAKE RIVER COMMUNITY CLINIC, INC.	
BOISE, ID 83720-0080	215 10TH ST	LEWISTON, ID 83501
NO FILING FEE IF RECEIVED BY DUE DATE	LEWISTON, ID 83501	New Registered Agent Signature
4. Corporations: Enter Na	mes and Business Addresses of President	t, Secretary and Directors.
Office held Name	Street or P.O. Address	<u>City</u> <u>State</u> <u>Zip</u>
Secretary Director	lard list, NP list, N	Lewiston         ID         83501           Lewiston         ID         83501           Clarkston         WA         99403           Lewiston         ID         83501           Clarkston         WA         99403           Lewiston         ID         83501           Lewiston         ID         83501
IDAHO	Signature	Date 8/6/02
C 134920	Name Printed or Charlotte M	- ASh Title COORD IN A TOR
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