No. C 192917		Du	ue no later than Nov 30, 2013 Annual Report Form	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:			JARED EDDIN	JARED EDDINGTON 561 W 200 S BLACKFOOT ID 83221 3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. SNAKE RIVER FAMILY ASSISTANCE, INC. JARED EDDINGTON 561 W 200 S BLACKFOOT ID 83221						
4. Corporations: Enter Nam	es and Busin	ess Addresses of	President, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
TREASURER JARED EDDIN		NGTON	561 W 200 S	BLACKFOOT	ID	USA	83221	
DIRECTOR KAREN PEND			158 DEWEY	BLACKFOOT	ID	USA	83221	
PRESIDENT	DELLISA EDI	DINGTON	561 W 200 S	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 192917		Signature: Ja		Date: 09/20/2013				
		Name (type or print): Jared Eddington			Title: Treasurer			
Processed 09/20/2013	0/2013 * Electronically provided signatures are accepted as original signatures.							