

|  |   |   |  |       |         |             |
|--|---|---|--|-------|---------|-------------|
| No. <b>C 155090</b>  | <b>Due no later than Jun 30, 2016</b><br><b>Annual Report Form</b>  |   | 2. Registered Agent and Address <b>(NO PO BOX)</b> |       |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>1. Mailing Address: Correct in this box if needed.</b><br>SNAKE RIVER MEDICAL SERVICES, INC.<br>CARLA E MILLER<br>452 CHENEY DR W STE 170<br>TWIN FALLS ID 83301 |   | CARLA MILLER<br>124 E 300 N<br>JEROME ID 83338     |       |         |             |
|  |   |   | 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 |
| TREASURER  | CARLA E MILLER  | 124 E 300 N   | JEROME   | ID    | USA     | 83338       |
| DIRECTOR   | CARLA E MILLER  | 124 E 300 N   | JEROME   | ID    | USA     | 83338       |
| SECRETARY  | CARLA E MILLER  | 124 E 300 N   | JEROME   | ID    | USA     | 83338       |
| PRESIDENT  | CARLA E MILLER  | 124 E 300N  | JEROME   | ID    | USA     | 83338       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 155090</b>  | 6. Annual Report must be signed.*<br>Signature: Carla E Miller<br>Name (type or print): Carla E Miller  |   | Date: 05/19/2016<br>Title: President               |       |         |             |
| Processed 05/19/2016   |   | * Electronically provided signatures are accepted as original signatures. |  |       |         |             |