

No. <b>C 200454</b>		<b>Due no later than Dec 31, 2016</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  SNAKE RIVER STAMPEDE CURE FOUNDATION, INC. DENNIS PARRY 16114 IDAHO CENTER BLVD #4 NAMPA ID 83687		KEN NICODEMUS 16114 IDAHO CENTER BLVD #4 NAMPA ID 83687	
				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	DENNIS PARRY	16114 IDAHO CENTER BLVD #4	NAMPA	ID	83687
DIRECTOR	CHRIS VELOZ	16114 IDAHO CENTER BLVD #4	NAMPA	ID	83687
5. Organized Under the Laws of:  <b>ID C 200454</b>		6. Annual Report must be signed.* Signature: Dennis Parry Name (type or print): Dennis Parry  Date: 01/19/2017 Title: President			
Processed 01/19/2017		* Electronically provided signatures are accepted as original signatures.			