No. C 202551	Due no later than Jun 30, 2015		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form			KATHLEEN HANSEN			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.		G00000 00 0000000 00 000000 00 000	557 S WOODRUFF AVE IDAHO FALLS 83401			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SNAKE RIVER COMMUNITY SUPPORTED LIVING, INCORPORATED KATHLEEN HANSEN 557 S WOODRUFF AVE		IDANO FALLS				
			3. <u>New</u> Register	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	IDAHO FALLS ID	83401					
4. Corporations: Enter Names and Bus	iness Addresses of Pre	esident, Secretary, and Directors. Treas	surer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR TERRY H	HANSEN	557 S WOODRUFF AVE	IDAHO FALLS	ID	USA	83401	
SECRETARY KATHLEEN	ANN HANSEN	557 S WOODRUFF AVE	IDAHO FALLS	ID	USA	83401	
PRESIDENT KATHLEEN	ANN HANSEN	557 S WOODRUFF AVE	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of: 6. Annual Report m		nust be signed.*					
ID	Signature: Kathle	Signature: Kathleen Hansen			Date: 04/17/2015		
C 202551	Name (type or p		Title: President				
Processed 04/17/2015	* Electronically provided signatures are accepted as original signatures.						