

No. W 4470

Due no later than August 31, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

SALMON VALLEY INSURANCE, LLC
BERYL E DEBOARD
1000 MAIN STREET
SALMON, ID 83467

BERYL E DEBOARD
1016 MAIN ST
SALMON, ID 83467

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Member	BERYL E. DEBOARD	1000 MAIN ST.	SALMON	IDAHO	83467

5. Organized Under the Laws of:

IDAHO
W 4470

6.

Signature

Date

Name (Typed or Printed)

Title

BERYL E. DEBOARD

Member

Issued 06/01/2007

Do Not Tape or Staple

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