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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------|---------|----------------------------------------------------|--|
| No. <b>W 11478</b>                                                                                                                                     |              | <b>Due no later than Mar 31, 2018</b>                                                                                                                   |             | <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>SALMON RIVER INVESTMENTS, LLC<br>JAMES B. HONE<br>5933 PHEASANT DR<br>IDAHO FALLS ID 83401 |             | JAMES B HONE<br>5933 PHEASANT DR<br>IDAHO FALLS ID 83401 |         |                                                    |  |
|                                                                                                                                                        |              |                                                                                                                                                         |             | 3. <u>New</u> Registered Agent Signature:*               |         |                                                    |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |              |                                                                                                                                                         |             |                                                          |         |                                                    |  |
| Office Held                                                                                                                                            | Name         | Street or PO Address                                                                                                                                    | City        | State                                                    | Country | Postal Code                                        |  |
| MANAGER                                                                                                                                                | JAMES B HONE | 5933 PHEASANT DR                                                                                                                                        | IDAHO FALLS | ID                                                       |         | 83401                                              |  |
| 5. Organized Under the Laws of:                                                                                                                        |              | 6. Annual Report must be signed.*                                                                                                                       |             |                                                          |         |                                                    |  |
| <b>ID<br/>W 11478</b>                                                                                                                                  |              | Signature: James B Hone                                                                                                                                 |             |                                                          |         | Date: 03/20/2018                                   |  |
|                                                                                                                                                        |              | Name (type or print): James B Hone                                                                                                                      |             |                                                          |         | Title: Manager                                     |  |
| Processed 03/20/2018                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                               |             |                                                          |         |                                                    |  |