No. C 75591 Return to:		Due no later than Apr 30, 2014 Annual Report Form		2. Registered Age	2. Registered Agent and Address (NO PO BOX) SARAH L JOHNSON			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SALMON RIVER BACKCOUNTRY HORSEMEN, INC. SARA L JOHNSON 702 HWY 935 SALMON ID 83467		SALMON ID	702 HIGHWAY 93 S. SALMON ID 83467-5347 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter N	Names and Busin	ess Addresses o	f President, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
TREASURER	TERRY HERS	SHEY	PO BOX 121	CARMEN	ID	USA	83462	
SECRETARY	KAREN REED)	PO BOX 177	SALMON	ID	USA	83467	
PRESIDENT	BILL CLEMEN	NTZ	PO BOX 225	CARMEN	ID	USA	83462	
DIRECTOR	CELESTE BINGHAM		410 SHOUP ST	SALMON	ID	USA	83467	
DIRECTOR	MEL DOMKO		752 LEMHI RD	SALMON	ID	USA	83467	
DIRECTOR	CHUCK BRADLEY		PO BOX 1421	CARMEN	ID	USA	83462	
DIRECTOR	TOR MARY SUMMERS		38 IDEAL ACRES	SALMON	ID	USA	83467	
DIRECTOR	CHRIS WALKER		4 MULE VIEW LN	NORTH FORK	ID	USA	83466	
5. Organized Under the Laws of: 6.		6. Annual Report must be signed.*						
ID		Signature: Sara L. Johnson			Date: 02/22/2014			
C 75591		Name (type or print): Sara L. Johnson			Title: Agent			
Processed 02/22/2014		* Electronically	provided signatures are accepted as origina	l signatures.				