No. C 160148		Due no later than Apr 30, 2015		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. SALMON USBC WBA, INC. MINDY TRACY 3 PRAIRIE RD SALMON ID 83467-5200 USA			SHARON JAKOVAC 71 RED ROCK STAGE RD SALMON 83467 3. New Registered Agent Signature:*			
				SALMON				
		ss Addresses of F	resident, Secretary, and Directors. Trea	asurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	EVA JEANNE I	MARTENS	3 PRAIRIE RD.	SALMON	ID	USA	83467-5200	
DIRECTOR	TOR BETTY BLACK		3 PRAIRIE RD.	SALMON	ID	USA	83467-5200	
DIRECTOR	KATHY BAILEY		3 PRAIRIE RD.	SALMON	ID	USA	83467-5200	
DIRECTOR	RECTOR SHARON JAKOVAC		3 PRAIRIE RD.	SALMON	ID	USA	83467-5200	
PRESIDENT JOAN DRNJE		'IC	3 PRAIRIE RD.	SALMON	ID	USA	83467-5200	
DIRECTOR	BESSIE HATHORN		3 PRAIRIE RD.	SALMON	ID	USA	83467-5200	
DIRECTOR	MERRILLYN TAYLOR		3 PRAIRIE RD.	SALMON	ID	USA	83467-5200	
VICE PRESIDENT	NT PATRICIA REEVES		3 PRAIRIE RD.	SALMON	ID	USA	83467-5200	
SECRETARY	MINDY TRACY		3 PRAIRIE RD.	SALMON	ID	USA	83467-5200	
DIRECTOR	LAURA EDWA	RDS	3 PRAIRIE RD.	SALMON	ID	USA	83467-5200	
5. Organized Under the Laws of: 6. Annual Repo		6. Annual Report	must be signed.*					
ID		Signature: mir		Date: 02/18/2015				
C 160148		Name (type or		Title: secreeary				
Processed 02/18/2015	*	Electronically pr	ovided signatures are accepted as origin	nal signatures.				