No. <b>C 53772</b>		Due no later than Jul 31, 2010		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE		Annual Report Form  1. Mailing Address: Correct in this box if needed.		204 MAIN S	RAMONA COMBS-STAUFFER 204 MAIN STREET			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		SALMON LIBRARY ASSOCIATION, INC. RAMONA COMBS-STAUFFER 204 MAIN ST. SALMON ID 83467			SALMON ID 83467  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Corporations: Enter Na	mes and Busin	ess Addresses of	President, Secretary, and Directors. Treasur	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR			8 E. UTE ROAD	SALMON	ID	USA	83467	
DIRECTOR			26 SEVENTEEN MILE RD	SALMON	ID	USA	83467	
DIRECTOR JANET MCFA			P.O. BOX 125	CARMEN	ID	USA	83462	
SECRETARY PRESIDENT			260 WITHINGTON CREEK RD 513 NEYMAN	SALMON SALMON	ID ID	USA USA	83467 83467	
5. Organized Under the Laws of: 6. Annu		6. Annual Report	: must be signed.*					
ID		Signature: Norma Kossler		Date:	Date: 05/20/2010			
C 53772		Name (type or print): Norma Kossler		Title: Business Manager				
Processed 05/20/2010	* Electronically provided signatures are accepted as original signatures.							