

<b>No. C 129234</b>	<b>Due no later than Jun 30, 2011</b> <b>Annual Report Form</b>	<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> DIXIE DENNIS 239 CLINTON DR TWIN FALLS ID 83301
<b>Return to:</b> SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> MARIE OSBORNE - SALMON RIVER CLINIC ENDOWMENT FOUNDATION, INC. DAVID KIMPTON PO BOX 32 STANLEY ID 83278	<b>3. <u>New</u> Registered Agent Signature.</b>

  

<b>4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.</b>							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
Pres	J. Ted Silveira	4667 Conrad Dr	La Mesa	CA	USA	91941	
V. Pres	David Kimpton	PO Box 32	Stanley	ID	USA	83278	
Sec	Jim R. Bennett	PO Box 36	Challis	ID	USA	83226	

  

<b>5. Organized Under the Laws of:</b>  <div style="text-align: center;"> <b>IDAHO</b>  <b>C 129234</b> </div>	<b>6.</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>Signature:</b> <u>Dixie Dennis</u>  <b>Name (type or print):</b> <u>Dixie Dennis</u> </div> <div style="width: 35%;"> <b>Date:</b> <u>5-9-11</u>  <b>Title:</b> <u>Registered Agent</u> </div> </div>
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM