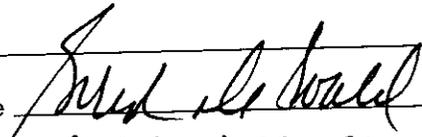


<b>No. W 4470</b>	<b>Due no later than August 31, 2006</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable  SALMON VALLEY INSURANCE, LLC BERYL E DEBOARD 1000 MAIN STREET SALMON, ID 83467		BERYL E DEBOARD 1016 MAIN ST SALMON, ID 83467  3. <u>New</u> Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Member - owner</td> <td>BERYL DEBOARD</td> <td>1000 MAIN ST</td> <td>SALMON</td> <td>ID</td> <td>83467</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Member - owner	BERYL DEBOARD	1000 MAIN ST	SALMON	ID	83467
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
Member - owner	BERYL DEBOARD	1000 MAIN ST	SALMON	ID	83467											
5. Organized Under the Laws of:  IDAHO W 4470	6. Signature  Name <small>(Typed or Printed)</small> <u>BERYL DEBOARD</u>		Date <u>6-7-06</u> Title <u>Member/owner</u>													

Issued 06/01/2006

Do Not Tape or Staple

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