No. <b>C 75591</b>		Due no later than Apr 30, 2010 Annual Report Form		2. Registered A	2. Registered Agent and Address (NO PO BOX)  SARAH L JOHNSON 702 HIGHWAY 93 S.			
Return to:				700 1 701 744				
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	SALMON ID 83467-5347			
NO FILING FEE IF RECEIVED BY DUE DATE		SALMON ID 83467		3. <u>New</u> Register	3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter	Names and Busin	ess Addresses of	President, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	CELESTE BIN	NGHAM	410 SHOUP ST	SALMON	ID	USA	83467	
DIRECTOR	MEL DOMKO	1	752 LEMHI RD	SALMON	ID	USA	83467	
DIRECTOR	KATIE CLEM	ENTZ	PO BOX 225	CARMEN	ID	USA	83462	
DIRECTOR	JO ANN CARROLL		62 CEMETERY LN	SALMON	ID	USA	83467	
DIRECTOR	SHIRLEY DECORA		147 LEMHI RD	SALMON	ID	USA	84467	
TREASURER	TERRY HERSHEY		PO BOX 121	CARMEN	ID	USA	83462	
SECRETARY	SARA L JOHNSON		702 HIGHWAY 93 S	SALMON	ID	USA	83467	
PRESIDENT	BILL CLEMEN	NTZ	PO BOX 225	CARMEN	ID	USA	83462	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Sara L Johnson			Date: 05/10/2010			
C 75591		Name (type o		Title: Secretary				
Processed 05/10/2010		* Electronically p	provided signatures are accepted as origina	ıl signatures.				