No. C 129234		Due no later than Jun 30, 2018		2.	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. MARIE OSBORNE - SALMON RIVER CLINIC ENDOWMENT FOUNDATION, INC. DAVID KIMPTON PO BOX 129 STANLEY ID 83278			JOCELYN PLASS 130 VALLEY CREEK ROAD STANLEY ID 83278 3. New Registered Agent Signature:*			
		l ess Addresses of Preside	nt, Secretary, and Directors. Treaso	urer (or	otional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
PRESIDENT TREASURER SECRETARY	DAVID KIMPTON JOCELYN PLASS ALAN EASOM		BOX 32 130 VALLEY CREEK ROAD PO BOX 185		STANLEY STANLEY STANLEY	ID ID ID	USA USA USA	83278 83278 83278
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 129234		Signature: Cassie Stanley Name (type or print): Cassie Stanley			Date: 05/24/2018 Title: Office Administrator			
Processed 05/24/2018		* Electronically provided signatures are accepted as original signatures.						