

No. W 4470		Due no later than Aug 31, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SALMON VALLEY INSURANCE, LLC MICHAEL G DEBOARD 1000 MAIN STREET SALMON ID 83467		MICHAEL GREG DEBOARD 1000 MAIN ST SALMON ID 83467			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name MICHAEL G DEBOARD	Street or PO Address 1000 MAIN STREET		City SALMON	State ID	Country USA	Postal Code 83467
5. Organized Under the Laws of: ID W 4470		6. Annual Report must be signed.* Signature: Julie Nichols Name (type or print): Julie Nichols Date: 07/12/2016 Title: Office Manager					
Processed 07/12/2016 * Electronically provided signatures are accepted as original signatures.							