No. C 57027		Due no later than Nov 30, 2011		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		KALA TOLMAN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SALMON CITY GOLF ASSOCIATION, INC. KALA TOLMAN P. O. BOX 2424		7 CITY PARK LP SALMON ID 83467			
NO FILING FEE IF RECEIVED BY DUE DATE		SALMON ID 83467 USA		3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR	BILL DIAGE		318 COBALT ST	SALMON	ID	USA	83467
DIRECTOR	GARY GOODMAN		616 TAFT AVE	SALMON	ID	USA	83467
DIRECTOR	DAVID SWANSON		30 RUBY LANE	SALMON	ID	USA	83467
DIRECTOR	RAYMOND PALMER		PO BOX 254	NORTH FORK	ID	USA	83466
DIRECTOR	CTOR DON VICK		401 S CHURCH ST	SALMON	ID	USA	83467
DIRECTOR	SHAYNE HILTON		PO BOX 984	SALMON	ID	USA	83467
DIRECTOR	BILL FELKER		1567 LEMHI RD	SALMON	ID	USA	83467
SECRETARY	STEVE LISH		PO BOX 202	SALMON	ID	USA	83467
PRESIDENT	BRIAN BARRY		1911 MAIN ST.	SALMON	ID	USA	83467
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Kala Tolman		Date: 11/28/2011			
C 57027		Name (type or print): Kala Tolman Title: Registered Agent					
Processed 11/28/2011 * Electronically provided signatures are accepted as original signatures.							