

No. C103772	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct SALMON VALLEY INSURANCE, INC GEORGE E MILEY PO BOX 1439 SALMON ID 83467		GEORGE E MILEY 117 N DAISY ST SALMON ID 83467 3. Organized Under the Laws of: ID C108772

4. Corporations: Enter Names and Addresses of President, Secretary and Directors
 Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
President/Treas	George E. Miley	Box 1439	Salmon	ID	83467
Secy	Kyle L. Miley	Box 1439	Salmon	ID	83467

5. NATURE OF BUSINESS INSURANCE AGENCY	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u><i>George E Miley</i></u> Date <u>7-18-96</u> Name (Typed or Printed) <u>George E Miley</u> Title <u>PRES</u>
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ISSUED: 07-06-1996

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