| No. <b>W 49510</b>   | Due no later than Apr 30, 2011 2. Registered Agent and Address (NO PC   |                       |   | PO BOX)    |                |  |
|--|---|-----------------------|---|------------|----------------|--|
| Return to:   | Annual Report Form  |                       |   |            |                |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 | 1. Mailing Address: Correct in this box if needed.  SALMON RIVER ADDICTION, LLC  STEVEN J WELLS  2475 BISHOP RD | EMMETT ID             | 2475 BISHOP RD EMMETT ID 83617  3. New Registered Agent Signature:* |            |                |  |
| NO FILING FEE IF   | EMMETT ID 83617   | 3. <u>New</u> Registe |   |            |                |  |
| RECEIVED BY DUE DATE   |   |                       |   |            |                |  |
| 4. Limited Liability Companies: Enter N  | lames and Addresses of at least one Member or Manager.  |                       |   |            |                |  |
| Office Held Name   | Street or PO Address  | City                  | State   | Country    | Postal Code    |  |
| MANAGER STEVEN J<br>MANAGER MEGAN L  |   | EMMETT<br>EMMETT      | ID<br>ID  | USA<br>USA | 83617<br>83617 |  |
| 5. Organized Under the Laws of:  | 6. Annual Report must be signed.*   |                       |   |            |                |  |
| ID   | Signature: Megan Wells  |                       | Date: 02/13/2011  |            |                |  |
| W 49510  | Name (type or print): Megan Wells   |                       | Title: Manager  |            |                |  |
| Processed 02/13/2011   | * Electronically provided signatures are accepted as original signatures.                                       |                       |   |            |                |  |