

No. C 57027		Due no later than Nov 30, 2012		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. SALMON CITY GOLF ASSOCIATION, INC. KALA TOLMAN P. O. BOX 2424 SALMON ID 83467 USA		KALA TOLMAN 7 CITY PARK LP SALMON ID 83467		
				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	GAYLE CONRAD	130 WHITETAIL DR.	SALMON	ID	USA	83467
DIRECTOR	DAN GARCIA	7 APACHE WAY	SALMON	ID	USA	83467
DIRECTOR	GARY GOODMAN	616 TAFT AVE	SALMON	ID	USA	83467
DIRECTOR	RAYMOND PALMER	PO BOX 254	NORTH FORK	ID	USA	83466
DIRECTOR	DON VICK	401 S CHURCH ST	SALMON	ID	USA	83467
DIRECTOR	SHAYNE HILTON	PO BOX 984	SALMON	ID	USA	83467
VICE PRESIDENT	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: ID C 57027		6. Annual Report must be signed.* Signature: Kala Tolman Name (type or print): Kala Tolman Date: 11/12/2012 Title: Bookkeeper				
Processed 11/12/2012		* Electronically provided signatures are accepted as original signatures.				