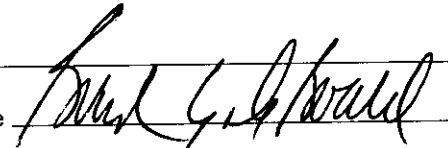


No. W 4470	Due no later than Aug 31, 2001 Annual Report Form	2. Registered Agent and Office NO PO BOX BERYL E DEBOARD 1016 MAIN ST SALMON, ID 83467
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable SALMON VALLEY INSURANCE, LLC BERYL E DEBOARD 1016 MAIN ST SALMON, ID 83467	3. <u>New</u> Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Member	Beryl E. DeBoard	1016 Main Street	Salmon, ID		83467

5. Organized Under the Laws of: IDAHO W 4470	6. Signature  Date <u>6-11-01</u> Name <small>(Typed or Printed)</small> <u>Beryl E. DeBoard</u> Title <u>member</u>
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