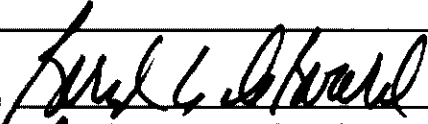


No. W 4470	Annual Report Form Due No Later Than November 30, 1999	2. Registered Agent and Office NOT A P.O. BOX BERYL E DEBOARD 117 N DAISY SALMON ID 83467
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct SALMON VALLEY INSURANCE, LLC BERYL E DEBOARD 117 N DAISY SALMON ID 83467	3. Organized Under the Laws of: ID W 4470
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input checked="" type="checkbox"/> Members (check one)		
Office held	Name	Street or P.O. Address
City	State	Zip
MEM. BERYL E. DEBOARD 1016 MAIN ST. SALMON ID 83467		
5. Signature of New Registered Agent	6. Signature  Date 7-20-99 Name (Typed or Printed) BERYL E. DEBOARD Title member/owner	

ISSUED: 07-03-1999

2771