

|                                                                                                                                                        |               |                                                                                                                                                         |        |                                                         |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------|---------|-------------|--|
| No. <b>C 147762</b>                                                                                                                                    |               | <b>Due no later than Feb 28, 2015</b>                                                                                                                   |        | 2. Registered Agent and Address <b>(NO PO BOX)</b>      |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>SALMON RIVER PROPANE, INC.<br>TOM COATES<br>PO BOX 538<br>CHALLIS ID 83226-0538<br>USA |        | THOMAS COATES<br>1140 E. MAIN AVE<br>CHALLIS 83226-0538 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                                         |        | 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 |  |
| PRESIDENT                                                                                                                                              | NORMAN WALLIS | 1971 PAHSIMEROI ROAD                                                                                                                                    | MAY    | ID                                                      | USA     | 83253       |  |
| SECRETARY                                                                                                                                              | SHAYNE HOLMES | 1211 MAIN STREET #1                                                                                                                                     | SALMON | ID                                                      | USA     | 83467       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 147762</b>                                                                                          |               | 6. Annual Report must be signed.*<br>Signature: Toni Leuzinger<br>Name (type or print): Toni Leuzinger                                                  |        |                                                         |         |             |  |
| Date: 12/16/2014<br>Title: Secretary                                                                                                                   |               |                                                                                                                                                         |        |                                                         |         |             |  |
| Processed 12/16/2014                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                               |        |                                                         |         |             |  |