

No. W 4470		Due no later than Aug 31, 2009 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. SALMON VALLEY INSURANCE, LLC BERYL E DEBOARD 1000 MAIN STREET SALMON ID 83467		BERYL E DEBOARD 1000 MAIN ST SALMON ID 83467			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	BERYL E DEBOARD	1000 MAIN STREET	SALMON	ID	USA	83467	
5. Organized Under the Laws of: ID W 4470		6. Annual Report must be signed.* Signature: Beryl E DeBoard Name (type or print): Beryl E DeBoard					
Date: 06/10/2009		Title: Owner/member					
Processed 06/10/2009		* Electronically provided signatures are accepted as original signatures.					