No. C 129234		Due no later than Jun 30, 2016		2. Registered A	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. MARIE OSBORNE - SALMON RIVER CLINIC ENDOWMENT FOUNDATION, INC. DAVID KIMPTON PO BOX 129 STANLEY ID 83278		JOCELYN PL 130 VALLEY STANLEY ID	JOCELYN PLASS 130 VALLEY CREEK ROAD STANLEY ID 83278 3. New Registered Agent Signature:*			
4. Corporations: Enter N	Names and Busin	ess Addresses of Presid	dent, Secretary, and Directors. Treasure	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	DAVID KIMPTON		BOX 32	STANLEY	ID	USA	83278	
SECRETARY	JOCELYN PLASS		130 VALLEY CREEK ROAD	STANLEY	ID	USA	83278	
DIRECTOR	ECTOR PHIL COONTS		GENERAL DELIVERY	STANLEY	ID	USA	83278	
DIRECTOR	ECTOR NOEL SITON		GENERAL DELIVERY	STANLEY	ID	USA	83278	
DIRECTOR	TOR DAVID LESSER		GENERAL DELIVERY	STANLEY	ID	USA	83278	
DIRECTOR	DIRECTOR DONNA HOITSMA		GENERAL DELIVERY	STANLEY	ID	USA	83278	
DIRECTOR	GARY GADW	Ά	GENERAL DELIVERY	STANLEY	ID	USA	83278	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 129234		Signature: Dave Kimpton			Date: 06/20/2016			
		Name (type or prin		Title: President				
Processed 06/20/2016 * Electronically provided signatures are accepted as original signatures.								