

No. W 49749

**DUE NO LATER THAN APR 30, 2008**  
**Annual Report Form**

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address: Correct in this box, if applicable

LOST RIVER PRODUCTS, LLC  
2050 RUSSETT WAY  
CARSON CITY, NV 89703

MICHAEL R JONES  
608 N 13TH ST

BOISE, ID 83702

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MANAGER	JOHN TENZA	2730 E. FRANKLIN ROAD	MEDICIAN	ID	83642

5. Organized Under the Laws of:

IDAHO  
W 49749

6.

Signature

*John Tenza*

Date 5-15-08

Name (Typed or Printed)

Title