

No. <b>W 11607</b>	<b>Due no later than March 31, 2006</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable  RIVER CITY L.L.C. ROBERT G TEMPLIN 414 E FIRST AVE POST FALLS, ID 83854		ROBERT G TEMPLIN 414 E FIRST AVE POST FALLS, ID 83854  3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members.  <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>OWNER</td> <td>ROBERT G. TEMPLIN</td> <td>414 E 1ST AVE</td> <td>POST FALLS</td> <td>ID</td> <td>83854</td> </tr> <tr> <td>OWNER</td> <td>MARY W. TEMPLIN</td> <td>414 E 1ST AVE</td> <td>POST FALLS</td> <td>ID</td> <td>83854</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	OWNER	ROBERT G. TEMPLIN	414 E 1ST AVE	POST FALLS	ID	83854	OWNER	MARY W. TEMPLIN	414 E 1ST AVE	POST FALLS	ID	83854
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5. Organized Under the Laws of:  IDAHO W 11607	6. Signature <u>Robert G. Templin</u> Date <u>1-10-06</u> Name (Typed or Printed) <u>ROBERT G. TEMPLIN</u> Title <u>OWNER</u>																				

Issued 01/04/2006

**Do Not Tape or Staple**

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