

No. W 71001	Due no later than Feb 28, 2013 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) JOYCE CROWNS 118 N BROADWAY BUHL ID 83316																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. RIVERS EDGE ANTIQUES, LLC PO BOX 7 BUHL ID 83316		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Joyce Crowns</td> <td>P.O. Box 7</td> <td>Buhl</td> <td>Id</td> <td>USA</td> <td>83316</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Joyce Crowns	P.O. Box 7	Buhl	Id	USA	83316	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 71001 </div>		6. Signature: <div style="text-align: center;"> Name (type or print): Joyce Crowns </div> <div style="text-align: right; margin-top: 10px;"> Date: <u>1-25-13</u> Title: <u>Owner</u> </div>																																				
Issued 01/17/2013 by SLD		121526																																				

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM