No. W 58356	Due no later than January 31, 2009		2. Registered Agent and Office NO PO BO	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720	Annual Report Form  1. Mailing Address - Correct in this box. if an OREGON RIVER EXPERIENCES, LLC 18074 S BOONE CT	pplicable	TERESA GREGOR 206 SUN VALLEY F SUN VALLEY, ID 8	RD
BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE	BEAVERCREEK, OR 97004		3. <u>New</u> Registered Ag	jent Signature
<ol> <li>Limited Liability Compa</li> </ol>	nies: Enter Names and Addresses of Me	mbers.		
Office held Name	Street or P.O. Address	<u>City</u>	State	<u>Zip</u>
G. Hanager & sole me mb	<del>2</del> (-			(
CraigW	right 18074 S. Boone Ct	Beave	rcreek or	97004
		and the second	1. 1. 2. 3. 1. 1. 1. 12. 12. 3.	
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5. Organized Under the Laws of: OREGON W 58356	6. Signature (GIAWha		Date 11/18/08	
	Name Printed or Craig Wry	jyttwo	Title Genel	let managel
Issued 11/05/2008	Do Not Tape or Staple	)	2009	01009072