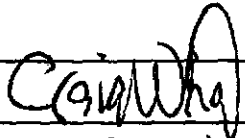


No. W 58356	Due no later than January 31, 2009 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address - Correct in this box, if applicable OREGON RIVER EXPERIENCES, LLC 18074 S BOONE CT BEAVERCREEK, OR 97004

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
G. Manager & sole Member -	Craig Wright	18074 S. Boone Ct	Beavercreek	OR	97004

5. Organized Under the Laws of: OREGON W 58356	6. Signature  Name (Typed or Printed) Craig Wright Date 11/18/08 Title general manager
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