

No. <b>W 29304</b>		<b>Due no later than Mar 31, 2008</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  RIVERS EDGE HOSPITALITY, LLC KIM S HANSEN PO BOX 111 OROFINO ID 83544		PAUL PIPPENGER 615 MAIN ST OROFINO ID 83544			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	PAUL PIPPENGER	PO BOX 463	OROFINO	ID	USA	83544	
MANAGER	LEEANN PIPPENGER	PO BOX 463	OROFINO	ID	USA	83544	
5. Organized Under the Laws of:  <b>ID</b> <b>W 29304</b>		6. Annual Report must be signed.*  Signature: Kim S Hansen Name (type or print): Kim S Hansen					
		Date: 05/15/2008 Title: Bookkeeper					
Processed 05/15/2008		* Electronically provided signatures are accepted as original signatures.					