

No. <b>W 58356</b>		<b>Due no later than Jan 31, 2013</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> OREGON RIVER EXPERIENCES, LLC CRAIG WRIGHT 18074 S BOONE CT BEAVERCREEK OR 97004 USA		TERESA GREGORY 319 E SPRUCE BELLEVUE ID 83313			
				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	CRAIG WRIGHT	18074 S BOONE CT	BEAVERCREEK	OR	USA	97004	
5. Organized Under the Laws of:  <b>OR W 58356</b>		6. Annual Report must be signed.* Signature: Craig Wright Name (type or print): Craig Wright Date: 02/12/2013 Title: Manager					
Processed 02/12/2013		* Electronically provided signatures are accepted as original signatures.					