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| No. W 109933 | Due no later than Jan 31, 2014 Annual Report Form | | 2. Registered Agent and Office (NOT A P.O. BOX) BILL BERNT 261 TOWER CREEK RD SALMON ID 83467 |
| 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. AGGIPAH RIVER TRIPS, LLC BILL BERNT PO BOX 425 SALMON ID 83467 | | 3. <u>New</u> Registered Agent Signature. |

4. **Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.**

| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code |
|---|------------|----------------------|-----------|-------|---------|-------------|
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Bill Bern | PO 425 | Salmon ID | USA | | 83467 |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Peggy Bern | PO 425 | Salmon ID | USA | | 83467 |
| 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; font-weight: bold; font-size: 1.2em;"> IDAHO W 109933 </div> | 6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u>Bill Bern</u> </td> <td style="width: 40%;"> Date: <u>26 Jan 14</u> </td> </tr> <tr> <td> Name (type or print): <u>Bill Bern</u> </td> <td> Title: <u>Owner</u> </td> </tr> </table> | Signature: <u>Bill Bern</u> | Date: <u>26 Jan 14</u> | Name (type or print): <u>Bill Bern</u> | Title: <u>Owner</u> |
| Signature: <u>Bill Bern</u> | Date: <u>26 Jan 14</u> | | | | |
| Name (type or print): <u>Bill Bern</u> | Title: <u>Owner</u> | | | | |