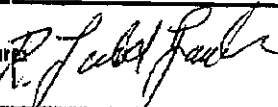


<b>No. W 3006</b>		<b>Due no later than Oct 31, 2012 Annual Report Form</b>		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> R TODD LAMBERT 23 W 450 N BLACKFOOT ID 83221	
<b>Return to:</b> SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b> TWO RIVERS LLC R TODD LAMBERT PO BOX 609 BLACKFOOT ID 83221			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				<b>3. New Registered Agent Signature.</b>	
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>					
<b>Manager or Member</b>		<b>Name</b>	<b>Street or PO Address</b>	<b>City</b>	<b>State Country Postal Code</b>
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>		R. Todd Lambert, 23 W 450 N, Blackfoot, Id			
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>		Bingham 83221			
Manager <input type="checkbox"/> Member <input type="checkbox"/>		County			
<b>5. Organized Under the Laws of:</b>  IDAHO W 3006		<b>6. Signature:</b> 		<b>Date:</b> 10-30-12	
		<b>Name (Type or print):</b> R. Todd Lambert		<b>Title:</b> Owner	
Issued 10/26/2012 by CLH					

107113

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**