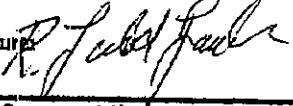


No. W 3006		Due no later than Oct 31, 2012 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) R TODD LAMBERT 23 W 450 N BLACKFOOT ID 83221	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: <u>Correct in this box if needed.</u> TWO RIVERS LLC R TODD LAMBERT PO BOX 609 BLACKFOOT ID 83221		3. New Registered Agent Signature.	
NO FILING FEE IF RECEIVED BY DUE DATE					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>		Name	Street or PO Address	City	State Country Postal Code
Manager <input type="checkbox"/> Member <input type="checkbox"/>		R. Todd Lambert, 23W450N, Blackfoot, Id			
Manager <input type="checkbox"/> Member <input type="checkbox"/>		Bingham 83221			
Manager <input type="checkbox"/> Member <input type="checkbox"/>		County			
5. Organized Under the Laws of: IDAHO W 3006		6. Signature 		Date: 10-30-12 Title: Director	
Name (type or print): R. Todd Lambert					

Issued 10/26/2012 by CLH

107113

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM