

No. W 25652

Due no later than August 31, 2005
Annual Report Form

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

**NO FILING FEE IF
RECEIVED BY DUE DATE**

1. Mailing Address - Correct in this box, if applicable

2RIVERS LLC
PO BOX 8
NORTH FORK, ID 83466

2. Registered Agent and Office **NO PO BOX**

CLAUDIA MAXWELL
2072 HWY 93 N
NORTH FORK, ID 83466

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MEMBER	JILL FAIRBANK	PO 374	NORTH FORK	ID	83464
MEMBER	CLAUDIA MAXWELL	PO 154	NORTH FORK	ID	83464

5. Organized Under the Laws of:

IDAHO
W 25652

6.

Signature Claudia Maxwell

Date 6/17/05

Name Typed or
Printed:

CLAUDIA MAXWELL

Title MEMBER

200508000748