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| No. W 29304 | | Due no later than Mar 31, 2017 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. RIVERS EDGE HOSPITALITY, LLC KIM S KERLEY PO BOX 111 OROFINO ID 83544 | | PAUL PIPPENGER 615 MAIN ST OROFINO ID 83544 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 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 | LEEANN PIPPENGER | PO BOX 463 | OROFINO | ID | 83544 | | |
| MANAGER | PAUL PIPPENGER | PO BOX 463 | OROFINO | ID | USA | 83544 | |
| 5. Organized Under the Laws of: ID W 29304 | | 6. Annual Report must be signed.* Signature: Kim S Kerley Name (type or print): Kim S Kerley | | | | | |
| | | Date: 02/15/2017 Title: Bookkeeper | | | | | |
| Processed 02/15/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | |