

|                                                                                                                                                        |                   |                                                                                                                                                             |          |                                                             |         |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------------------|---------|-------------|
| No. <b>C 83907</b>                                                                                                                                     |                   | <b>Due no later than May 31, 2008</b>                                                                                                                       |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>          |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>RIVERVIEW MARINA, INC.<br>PO BOX 309<br>LEWISTON ID 83501 |          | BARRY M BARNES<br>711 SNAKE RIVER AVE.<br>LEWISTON ID 83501 |         |             |
|                                                                                                                                                        |                   |                                                                                                                                                             |          | 3. <u>New</u> Registered Agent Signature: *                 |         |             |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                   |                                                                                                                                                             |          |                                                             |         |             |
| Office Held                                                                                                                                            | Name              | Street or PO Address                                                                                                                                        | City     | State                                                       | Country | Postal Code |
| PRESIDENT                                                                                                                                              | BARRY M BARNES    | PO BOX 263                                                                                                                                                  | LEWISTON | ID                                                          | USA     | 83501       |
| DIRECTOR                                                                                                                                               | BRICE J BARNES    | 711 SNAKE RIVER AVE                                                                                                                                         | LEWISTON | ID                                                          | USA     | 83501       |
| SECRETARY                                                                                                                                              | BRENDA J BONFIELD | 711 SNAKE RIVER AVE.                                                                                                                                        | LEWISTON | ID                                                          | USA     | 83501       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 83907</b>                                                                                           |                   | 6. Annual Report must be signed.*<br>Signature: Lori Bogar<br>Name (type or print): Lori Bogar<br><br>Date: 03/13/2008<br>Title: Controller                 |          |                                                             |         |             |
| Processed 03/13/2008                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                   |          |                                                             |         |             |