

No. W 29304		Due no later than Mar 31, 2011		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. RIVERS EDGE HOSPITALITY, LLC KIM S HANSEN PO BOX 111 OROFINO ID 83544		PAUL PIPPENGER 615 MAIN ST OROFINO ID 83544			
				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	USA	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 Hansen Name (type or print): Kim S Hansen Date: 01/17/2011 Title: Bookkeeper					
Processed 01/17/2011		* Electronically provided signatures are accepted as original signatures.					