

No. W 40984	Due no later than Jul 31, 2010 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) JAMES W MECHAM 412 MAIN AVE N TWIN FALLS ID 83301															
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. 669 RIVER ROAD RANCH, LLC PO BOX 3119 TWIN FALLS ID 83303		3. <u>New</u> Registered Agent Signature.															
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.																		
<table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Sole Proprietor</td> <td>James W Mecham</td> <td>Box 3119</td> <td>Twin Falls</td> <td>ID</td> <td>USA</td> <td>83303-3119</td> </tr> </tbody> </table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Sole Proprietor	James W Mecham	Box 3119	Twin Falls	ID	USA	83303-3119
Office Held	Name	Street or PO Address	City	State	Country	Postal Code												
Sole Proprietor	James W Mecham	Box 3119	Twin Falls	ID	USA	83303-3119												
5. Organized Under the Laws of: IDAHO W 40984		6. Signature: <u><i>James W Mecham</i></u> Name (type or print): <u>James W. Mecham</u>			Date: <u>7-24-10</u> Title: <u>Manager</u>													
Issued 07/19/2010 by SLD 105800																		