

No. W 57049		Due no later than Dec 31, 2009		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		CHRISTOPHER KIT SMITH 105 MOUNTAIN VIEW DR HORSESHOE BEND ID 83729	
		1. Mailing Address: Correct in this box if needed. KIT'S RIVERSIDE RESTAURANT LLC CHRISTOPHER KIT SMITH 105 MOUNTAIN VIEW DR HORSESHOE BEND ID 83729		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
MEMBER	CHRISTOPHER KIT SMITH	105 MOUNTAIN VIEW DR	HORSESHOE BEND	ID	USA 83729
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
ID W 57049		Signature: Christopher Smith		Date: 01/18/2010	
		Name (type or print): Christopher Smith		Title: Owner	
Processed 01/18/2010		* Electronically provided signatures are accepted as original signatures.			