

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