

No. W 71001	Due no later than Feb 28, 2011 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) JOYCE CROWNS 118 N BROADWAY BUHL ID 83316							
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. RIVERS EDGE ANTIQUES, LLC PO BOX 7 BUHL ID 83316		3. <u>New</u> Registered Agent Signature.							
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.										
Manager/Member	Name	Street or PO Address	City	State	Country	Postal Code				
Member: <i>Joyce Crowns</i> <i>P.O. Box 7</i> <i>Buhl</i> <i>Id</i> <i>Twin Falls</i> <i>83316</i>										
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO W 71001</div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;"> Signature: <i>Joyce Crowns</i> </td> <td style="width: 40%; border-bottom: 1px solid black;"> Date: <i>1/14/11</i> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> Name (type or print): <i>Joyce Crowns</i> </td> <td style="border-bottom: 1px solid black;"> Title: <i>Owner</i> </td> </tr> </table>					Signature: <i>Joyce Crowns</i>	Date: <i>1/14/11</i>	Name (type or print): <i>Joyce Crowns</i>	Title: <i>Owner</i>
Signature: <i>Joyce Crowns</i>	Date: <i>1/14/11</i>									
Name (type or print): <i>Joyce Crowns</i>	Title: <i>Owner</i>									
Issued 12/29/2010 by LIC 123296										

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM