No. C 144804		Due no later than Oct 31, 2014 Annual Report Form		2.	2. Registered Agent and Address (NO PO BOX)			
Return to:					MASON R.V. KIEBERT 207 SHERWOODS RD SAGLE 83860 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.		1				
		K-BEAR RIVER ADVENTURES, INC. MASON R.V. KIEBERT 207 SHERWOODS RD SAGLE ID 83860		3.				
4. Corporations: Enter Names	and Busine	ess Addresses of F	President, Secretary, and Directors. Trea	surer (op	otional).			
Office Held Nar	me		Street or PO Address		City	State	Country	Postal Code
DIRECTOR HEA	ATHER A.	JOHNSTON	207 SHERWOODS RD		SAGLE	ID	USA	83860
DIRECTOR MA	SON R.V.	KIEBERT	207 SHERWOODS	;	SAGLE	ID	USA	83860
SECRETARY HEA	ATHER A.	JOHNSTON	207 SHERWOODS RD.		SAGLE	ID	USA	83860
PRESIDENT MA	SON R.V.	KIEBERT	207 SHERWOODS RD.	:	SAGLE	ID	USA	83860
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Mason Kiebert			Date: 11/16/2014			
C 144804		Name (type or print): Mason Kiebert			Title: President			
Processed 11/16/2014		* Electronically pr	ovided signatures are accepted as origin	nal signati	ures.			