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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 50662</b>                                                                                                                                     |                 | <b>Due no later than May 31, 2012</b>                                                                                                                                             |          | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>RIVER VILLAGE RV PARK, LLC<br>JAMES T FOLWELL<br>PO BOX 263<br>RIGGINS ID 83549 |          | JAMES T FOLWELL<br>1434 HWY 95<br>RIGGINS ID 83549 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                                                   |          | 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                                                                                                                                                 | JAMES T FOLWELL | 1434 HWY 95                                                                                                                                                                       | RIGGINS  | ID                                                 | USA     | 83549       |  |
| MEMBER                                                                                                                                                 | RITA M FOLWELL  | 2184 N EUREKA PL                                                                                                                                                                  | MERIDIAN | ID                                                 | USA     | 83642       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 50662</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Jim Folwell<br>Name (type or print): Jim Folwell<br>Date: 03/12/2012<br>Title: Member                                             |          |                                                    |         |             |  |
| Processed 03/12/2012                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                         |          |                                                    |         |             |  |