No. **W 63374**	**Due no later than Jun 30, 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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** RIVER CRESS, LLC TIM SKELTON 3951 N PLAYFAIR COEUR D ALENE ID 83815	TIM SKELTON 3951 N PLAYFAIR COEUR D'ALENE ID 83815 3. New 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
MANAGER	TIM SKELTON	3951 N PLAYFAIR	COEUR D'ALENE	ID	USA	83815

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 63374**	Signature: Tim Skelton	Date: 04/15/2009
	Name (type or print): Tim Skelton	Title: Managing Member

Processed 04/15/2009

* Electronically provided signatures are accepted as original signatures.