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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------|---------|----------------------------------------------------|--|
| No. <b>W 35283</b>                                                                                                                                     |                   | <b>Due no later than Dec 31, 2006</b>                                                                                                             |             | <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b><br>KVICHAK RIVER, L.L.C.<br>DAVID W HEMPSTEAD<br>1139 LOWELL DR<br>IDAHO FALLS ID 83402 |             | DAVID W HENPSTEAD<br>1139 LOWELL DR<br>IDAHO FALLS ID 83402 |         |                                                    |  |
|                                                                                                                                                        |                   |                                                                                                                                                   |             | 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                                        |  |
| MANAGER                                                                                                                                                | DAVID W HEMPSTEAD | 1139 LOWELL DR                                                                                                                                    | IDAHO FALLS | ID                                                          |         | 83402                                              |  |
| 5. Organized Under the Laws of:                                                                                                                        |                   | 6. Annual Report must be signed.*                                                                                                                 |             |                                                             |         |                                                    |  |
| <b>IDAHO<br/>W 35283</b>                                                                                                                               |                   | Signature: David W Hempstead                                                                                                                      |             |                                                             |         | Date: 11/26/2006                                   |  |
|                                                                                                                                                        |                   | Name (type or print): David W Hempstead                                                                                                           |             |                                                             |         | Title: Manager                                     |  |
| Processed 11/26/2006                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                         |             |                                                             |         |                                                    |  |