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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------|------------------------------------|-------------|--|
| No. <b>W 68109</b>                                                                                                                                     |                      | <b>Due no later than Oct 31, 2010</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>                                                                                                                                        |       | LOUISE A BERTAGNOLLI<br>219 E 50TH ST<br>BOISE ID 83714-1429 |                                    |             |  |
|                                                                                                                                                        |                      | <b>1. Mailing Address: Correct in this box if needed.</b><br>SIERRA RIVER PROPERTIES, LLC<br>LOUISE A BERTAGNOLLI<br>219 E 50TH ST<br>BOISE ID 83714-1429<br>USA |       | 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                                                                                                                                                | LOUISE A BERTAGNOLLI | 219 E 50TH ST                                                                                                                                                    | BOISE | ID                                                           | USA                                | 83714-1429  |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 68109</b>                                                                                           |                      | 6. Annual Report must be signed.*<br>Signature: Louise Bertagnolli<br>Name (type or print): Louise Bertagnolli                                                   |       |                                                              | Date: 08/24/2010<br>Title: Manager |             |  |
| Processed 08/24/2010                                                                                                                                   |                      | * Electronically provided signatures are accepted as original signatures.                                                                                        |       |                                                              |                                    |             |  |