

REINSTATEMENT

No. W 10857	Annual Report Form ADMIN DISSOLVED 04/10/2007	2. Registered Agent and Office NOT A P.O. BOX																		
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	RIVER'S EDGE, LLC. (THE) JAMES P CROWLEY 9930 RAILROAD GRADE ST MARIES, ID 83861	JAMES P CROWLEY 9930 RAILROAD GRADE ST MARIES, ID 83861 3. Next registered agent signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of management. Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>MANAGER MEMBER DIRECTOR</td> <td>JAMES P. CROWLEY</td> <td>9930 RAILROAD GRADE</td> <td>ST. MARIES</td> <td>ID</td> <td>83861</td> </tr> <tr> <td>MANAGER MEMBER DIRECTOR</td> <td>Vicki L. CROWLEY</td> <td>9930 RAILROAD GRADE</td> <td>ST. MARIES</td> <td>ID</td> <td>83861</td> </tr> </tbody> </table> W 10857			Office held	Name	Street or P.O. Address	City	State	Zip	MANAGER MEMBER DIRECTOR	JAMES P. CROWLEY	9930 RAILROAD GRADE	ST. MARIES	ID	83861	MANAGER MEMBER DIRECTOR	Vicki L. CROWLEY	9930 RAILROAD GRADE	ST. MARIES	ID	83861
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5. Organized under the laws of: IDAHO W 10857	6. Signature <u>Vicki L. Crowley</u> Date <u>9/18/07</u> Name (Typed or Printed) <u>Vicki L. CROWLEY</u> Title <u>MEMBER</u>																			

Issued 08/28/2007 by SL1