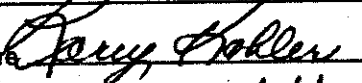


No. W 20625	Due no later than September 30, 2007 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable WEST BRIDGE-SNAKE RIVER PLAZA, L.C. 735 E 700 N FIRTH, ID 83236	LARRY KOHLER 735 E 700 N FIRTH, ID 83236 3. <u>New</u> Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MANAGER	LARRY KOHLER	735 E 700N	FIRTH	IDAHO	83236
MANAGER	ANNA RUTH KOHLER	SAME AS	above		

5. Organized Under the Laws of: IDAHO W 20625	6. Signature  Date 7/20/07 Name (Typed or Printed) LARRY KOHLER Title OWNER
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