

No. W 52886		Due no later than Jul 31, 2014		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		Annual Report Form		DARYL K ARAVE 590 N 150 E BLACKFOOT ID 83221			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		RIVER BOTTOM RANCH, LLC DARYL K ARAVE 590 N 150 E BLACKFOOT ID 83221					
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	DARYL K ARAVE	590 N 150 E	BLACKFOOT	ID	USA	83221	
MANAGER	TRISHA ARAVE	590N 150E	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 52886		Signature: Trisha Arave			Date: 07/14/2014		
		Name (type or print): Trisha Arave			Title: Manager		
Processed 07/14/2014		* Electronically provided signatures are accepted as original signatures.					