

No. W 57049

Due no later than December 31, 2008
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

1. Mailing Address - Correct in this box, if applicable

KIT'S RIVERSIDE RESTAURANT LLC
CHRISTOPHER KIT SMITH
105 MOUNTAIN VIEW DR
HORSESHOE BEND, ID 83729CHRISTOPHER KIT SMITH
105 MOUNTAIN VIEW DR
HORSESHOE BEND, ID 83729NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
OWNER	Kit Smith	105 MTN VIEW DRIVE	HORSESHOE BEND	Id.	83629

5. Organized Under the Laws of:

IDAHO
W 57049

6.

Signature



Date

12/8/08

Name (Typed or Printed)

Kit Smith

Title

owner