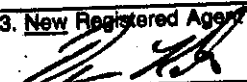
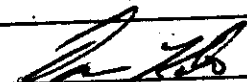
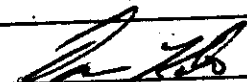
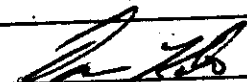


| <b>No. W 38373</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Due no later than April 30, 2008</b><br><b>Annual Report Form</b>                                                                                                                                                                                                                                                                                                                                                    | <b>2. Registered Agent and Office NO PO BOX</b><br><del>THOM VANKOMEN</del> <b>DUANE KIDO</b><br>10 E GROVE ST<br>PARMA, ID 83660 |                                                                                                                                                               |                                                                 |                        |      |       |     |           |            |              |       |    |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------|------|-------|-----|-----------|------------|--------------|-------|----|-------|
| <b>Return to:</b><br>SECRETARY OF STATE<br>450 NORTH FOURTH STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>         RECEIVED BY DUE DATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1. Mailing Address - Correct in this box, if applicable</b><br><br>CANYONS & RIVERS, LLC.<br>PO BOX 130<br>PARMA, ID 83660                                                                                                                                                                                                                                                                                           | <b>3. New Registered Agent Signature</b><br>   |                                                                                                                                                               |                                                                 |                        |      |       |     |           |            |              |       |    |       |
| <b>4. Limited Liability Companies: Enter Names and Addresses of Managers.</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;">PRESIDENT</td> <td style="border-bottom: 1px solid black;">DUANE KIDO</td> <td style="border-bottom: 1px solid black;">P.O. Box 130</td> <td style="border-bottom: 1px solid black;">PARMA</td> <td style="border-bottom: 1px solid black;">ID</td> <td style="border-bottom: 1px solid black;">83660</td> </tr> </tbody> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                   | Office held                                                                                                                                                   | Name                                                            | Street or P.O. Address | City | State | Zip | PRESIDENT | DUANE KIDO | P.O. Box 130 | PARMA | ID | 83660 |
| Office held                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Name                                                                                                                                                                                                                                                                                                                                                                                                                    | Street or P.O. Address                                                                                                            | City                                                                                                                                                          | State                                                           | Zip                    |      |       |     |           |            |              |       |    |       |
| PRESIDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DUANE KIDO                                                                                                                                                                                                                                                                                                                                                                                                              | P.O. Box 130                                                                                                                      | PARMA                                                                                                                                                         | ID                                                              | 83660                  |      |       |     |           |            |              |       |    |       |
| <b>5. Organized Under the Laws of:</b><br>IDAHO<br>W 38373                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>6. Signature</b> <br/><br/> <b>Name</b> (Typed or Printed) <u>DUANE KIDO</u> </td> <td style="width: 50%; vertical-align: top;"> <b>Date</b> <u>2-14-08</u><br/><br/> <b>Title</b> <u>PRESIDENT</u> </td> </tr> </table> |                                                                                                                                   | <b>6. Signature</b> <br><br><b>Name</b> (Typed or Printed) <u>DUANE KIDO</u> | <b>Date</b> <u>2-14-08</u><br><br><b>Title</b> <u>PRESIDENT</u> |                        |      |       |     |           |            |              |       |    |       |
| <b>6. Signature</b> <br><br><b>Name</b> (Typed or Printed) <u>DUANE KIDO</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Date</b> <u>2-14-08</u><br><br><b>Title</b> <u>PRESIDENT</u>                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                   |                                                                                                                                                               |                                                                 |                        |      |       |     |           |            |              |       |    |       |