

No. W 72602		Due no later than Mar 31, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. TETON RIVER LLC MARK N MORRISETTE 7450 SARATOGA DR NAMPA ID 83686-3407 USA		MARK N MORRISETTE 7450 SARATOGA DR NAMPA ID 83686-3407			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
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	PETER M MORRISETTE	6317 WOOD DR	OAKLAND	CA	USA	94611	
MANAGER	MARK N MORRISETTE	7450 SARATOGA DR	NAMAP	ID	USA	83686-3407	
5. Organized Under the Laws of: ID W 72602		6. Annual Report must be signed.* Signature: Mark N Morrisette Name (type or print): Mark N Morrisette					
		Date: 03/22/2017 Title: Manager					
Processed 03/22/2017 * Electronically provided signatures are accepted as original signatures.							