No. <b>W 100233</b>		Due no later than Feb 29, 2016 Annual Report Form  1. Mailing Address: Correct in this box if needed.  TETON RIVER ENTERPRISES, LLC JARED H RICKS PO BOX 309 BLACKFOOT ID 83221		2. Registered Agent and Address (NO PO BOX)			
Return to:				JARED H RICKS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				490 N. MAPLE, STE. E BLACKFOOT ID 83221  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Com	panies: Enter Na	mes and Addresses of at least one Member or Mana	ager.				
Office Held	Name	Street or PO Address		City	State	Country	Postal Code
MANAGER JARED H RI		CKS 927 N 900 E		SHELLEY	ID	USA	83274
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Jared H Ricks Date: 03/09/2016					
W 100233		Name (type or print): Jared H Ricks		Title: Owner			
Processed 03/09/2016 * Electronically provided signatures are accepted as original signatures.							