

No. W 63602	Due no later than June 30, 2008 Annual Report Form	2. Registered Agent and Office NO PO BOX TRAVIS WILKINS 851 N SKYLINE DR IDAHO FALLS, ID 83402			
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable RIVER VISTA, LLC 851 N SKYLINE DR IDAHO FALLS, ID 83402	3. New Registered Agent Signature 			
4. Limited Liability Companies: Enter Names and Addresses of Managers.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Travis Wilkins	851 N. Skyline Dr.	Idaho Falls	ID	83402
Manager	Bernice Wilkins	851 N. Skyline Dr.	Idaho Falls	ID	83402
5. Organized Under the Laws of: IDAHO W 63602			6. Signature <u>Bernice Wilkins</u> Date <u>4-9-08</u> Name <small>(Typed or Printed)</small> <u>Bernice Wilkins</u> Title <u>Manager</u>		

Issued 04/01/2008

Do Not Tape or Staple

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