

<p>No. W 63602</p> <p>Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080</p> <p>NO FILING FEE IF RECEIVED BY DUE DATE</p>		<p>Due no later than June 30, 2008 Annual Report Form</p> <p>1. Mailing Address - Correct in this box, if applicable</p> <p>RIVER VISTA, LLC 851 N SKYLINE DR IDAHO FALLS, ID 83402</p>		<p>2. Registered Agent and Office NO PO BOX</p> <p>TRAVIS WILKINS 851 N SKYLINE DR IDAHO FALLS, ID 83402</p>																			
<p>3. New Registered Agent Signature</p>																							
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers.</p> <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Travis Wilkins</td> <td>851 N. Skyline Dr.</td> <td>Idaho Falls</td> <td>ID</td> <td>83402</td> </tr> <tr> <td>Manager</td> <td>Bernice Wilkins</td> <td>851 N. Skyline Dr.</td> <td>Idaho falls</td> <td>ID</td> <td>83402</td> </tr> </tbody> </table>						<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
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<p>5. Organized Under the Laws of: IDAHO W 63602</p>		<p>6.</p> <p>Signature <u>Bernice Wilkins</u> Date <u>4-9-08</u></p> <p>Name <small>(Typed or Printed)</small> <u>Bernice Wilkins</u> Title <u>Manager</u></p>																					
<p>Issued 04/01/2008</p>		<p>Do Not Tape or Staple</p> <p>200806008259</p>																					