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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------------|---------|-------------|--|
| No. <b>W 57574</b>                                                                                                                                     |                              | <b>Due no later than Dec 31, 2012</b>                                                                                                                                                            |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>                 |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                              | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>FEATHER RIVER LLC<br>DOROTHY J RICHARDSON BICANDI<br>1905 MASON RD<br>CALDWELL ID 83605<br>USA |          | DOROTHY J RICHARDSON BICANDI<br>1905 MASON RD<br>CALDWELL ID 83605 |         |             |  |
|                                                                                                                                                        |                              |                                                                                                                                                                                                  |          | 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                                                                                                                                                | RICHARD L BICANDI            | 1905 MASON RD                                                                                                                                                                                    | CALDWELL | ID                                                                 | USA     | 83605       |  |
| MANAGER                                                                                                                                                | DOROTHY J RICHARDSON BICANDI | 1905 MASON RD                                                                                                                                                                                    | CALDWELL | ID                                                                 | USA     | 83605       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 57574</b>                                                                                           |                              | 6. Annual Report must be signed.*<br>Signature: Dorothy Bicandi<br>Name (type or print): Dorothy Bicandi                                                                                         |          |                                                                    |         |             |  |
|                                                                                                                                                        |                              | Date: 10/22/2012<br>Title: Manager                                                                                                                                                               |          |                                                                    |         |             |  |
| Processed 10/22/2012                                                                                                                                   |                              | * Electronically provided signatures are accepted as original signatures.                                                                                                                        |          |                                                                    |         |             |  |