

No. W 58356		Due no later than Jan 31, 2016		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. OREGON RIVER EXPERIENCES, LLC CRAIG WRIGHT 18074 S BOONE CT BEAVERCREEK OR 97004		TERESA GREGORY 319 E SPRUCE BELLEVUE ID 83313	
				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
MEMBER	CRAIG WRIGHT	18074 S BOONE CT	BEAVERCREEK	OR	97004
5. Organized Under the Laws of: OR W 58356		6. Annual Report must be signed.* Signature: Craig Wright Name (type or print): Craig Wright Date: 01/25/2016 Title: Member			
Processed 01/25/2016		* Electronically provided signatures are accepted as original signatures.			