

No. W 58356		Due no later than Jan 31, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		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			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name CRAIG WRIGHT	Street or PO Address 18074 S BOONE CT		City BEAVERCREEK	State OR	Country	Postal Code 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.							