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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------------------------------------------|---------------------|
| No. <b>W 5843</b>                                                                                                                                      |                 | Due no later than Mar 31, 2010                                                                                                                                                          |         | 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>RIVER MANAGEMENT, L.L.C.<br>H JAMES MAGNUSON<br>PO BOX 2288<br>COEUR D'ALENE ID 83816 |         | H JAMES MAGNUSON<br>1250 NORTHWOOD CENTER CT<br>COEUR D'ALENE ID 83814 |                     |
|                                                                                                                                                        |                 |                                                                                                                                                                                         |         | 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                                                                                                                                                | KENNETH L SMITH | 210 N DIVISION                                                                                                                                                                          | KELLOGG | ID                                                                     | USA 83837           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 5843</b>                                                                                            |                 | 6. Annual Report must be signed.*<br>Signature: Ray J Flaherty<br>Name (type or print): Ray J Flaherty<br>Date: 01/22/2010<br>Title: Cfo                                                |         |                                                                        |                     |
| Processed 01/22/2010                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                               |         |                                                                        |                     |