

H#HCTP1 23240

December 31 2005

No. W 35439	Annual Report Form	2. Registered Agent and Office 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 applicable WOOD RIVER INSTITUTE, LLC LILLAN GAECKE PO BOX 5800 KETCHUM, ID 83340	LILLAN GAECKE 226 TIMBERLINE RD HAILEY, ID 83333
NO FILING FEE IF RECEIVED BY DUE DATE		3. <u>New</u> Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office held	Name	Street or P.O. Address	City	State	Zip
Member-Manager	Charles Gaecke	P.O. Box 5800	Ketchum	ID	83340
Member	Lillian Gaecke	P.O. Box 5800	Ketchum	ID	83340
Member	JEFF Gaecke	P.O. Box 5800	Ketchum	ID	83340
Member	Jennifer Gaecke	P.O. Box 5800	Ketchum	ID	83340

5. Organized Under the Laws of:

IDAHO
W 35439

6.

Signature

Name

(Type or Print)

Charles Gaecke
Charles Gaecke

Date

Title

11-21-05
Member-Manager

Issued 10/03/2005

Do Not Tape or Staple

Fold, seal and mail this portion.

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