No. W 29777		Annual Report Form 1. Mailing Address: Correct in this box if needed. LOST RIVER LAWNS, LLC 3456 EAST 17TH STREET, STE 140 IDAHO FALLS ID 83406		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				RIGO GONZALES 651 DECORIA AVE ARCO ID 83213 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE			of at least one Management Management					
Office Held	Name	nes and Addresses	of at least one Member or Manager. Street or PO Address		City	State	Country	Postal Code
MANAGER RIGO GONZA		ALES	651 DECORIA AVE		ARCO	ID	USA	83213
5. Organized Under the Laws of: ID W 29777		6. Annual Report must be signed.* Signature: Robert Crandall Date: 02/19/2008						
		Name (type or print): Robert Crandall			Date: 02/19/2008 Title: Attorney			
Processed 02/19/2008		* Electronically provided signatures are accepted as original signatures.						