No. W 109933		Due no later than Jan 31, 2017	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. AGGIPAH RIVER TRIPS, LLC BILL BERNT PO BOX 425 SALMON ID 83467	261 TOWER SALMON ID	BILL BERNT 261 TOWER CREEK RD SALMON ID 83467 3. New Registered Agent Signature:*		
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Compar	nies: Enter Nar	mes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	BILL BERNT	261 TOWER CREEK RD	SALMON	ID	USA	83467
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: bill bernt	Date: 01/30/2017			
W 109933		Name (type or print): bill bernt	Title: owner			
rocessed 01/30/2017 * Electronically provided signatures are accepted as original signatures.						