No. W 29304		Due no later than Mar 31, 2009 Annual Report Form 1. Mailing Address: Correct in this box if needed. RIVERS EDGE HOSPITALITY, LLC KIM S HANSEN PO BOX 111 OROFINO ID 83544		2. Registered Agent and Address (NO PO BOX) PAUL PIPPENGER 615 MAIN ST OROFINO ID 83544 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	RIVERS EDG KIM S HAN PO BOX 111						
NO FILING FEE IF RECEIVED BY DUE DATI							
200		ses of at least one Member or Manager.					
Office Held Nam		Street or PO Address	City	State	Country	Postal Code	
	NN PIPPENGER . PIPPENGER	PO BOX 463 PO BOX 463	OROFINO OROFINO	ID ID	USA USA	83544 83544	
5. Organized Under the Laws of	: 6. Annual Rep	6. Annual Report must be signed.*					
ID ID	Signature: I	(im S Hansen		Date: 02/06/2009			
W 29304	Name (type	Name (type or print): Kim S Hansen		Title: Bookkeeper			
Processed 02/06/2009	* Electronically	* Electronically provided signatures are accepted as original signatures.					