No. **W 9704**	**Due no later than Sep 30, 2008** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** LOST RIVER SPORTS LLC PETER K HEEKIN PO BOX 75 HAILEY ID 83333	PETER K HEEKIN 1740 HEROIC ST HAILEY ID 83333 3. New 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	PETER K HEEKIN	516 NORTH MAIN STREET	HAILEY	ID	USA	83333

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
OH **W 9704**	Signature: Peter Heekin	Date: 10/09/2008
	Name (type or print): Peter Heekin	Title: Manager

Processed 10/09/2008

* Electronically provided signatures are accepted as original signatures.