No. **W 84291**	**Due no later than May 31, 2012** **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.** RIVER CITY MANAGEMENT COMPANY, PLLC BRIAN LUCE 310 N HERBORN POST FALLS ID 83854	BRIAN LUCE 310 N HERBORN POST FALLS ID 83854 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
MEMBER	BRAIN LUCE	310 N HERBORN	POST FALLS	ID	USA	83854

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 84291**	Signature: Brian Luce Name (type or print): Brian Luce	Date: 03/13/2012 Title: Member

Processed 03/13/2012

* Electronically provided signatures are accepted as original signatures.