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|--|---|---|---|-------|---------|-------------|
| No. <b>W 134990</b>  | <b>Due no later than Mar 31, 2015</b><br><b>Annual Report Form</b>  |   | 2. Registered Agent and Address <b>(NO PO BOX)</b>            |       |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>1. Mailing Address: Correct in this box if needed.</b><br>RIVERSIDE RESORT LLC<br>SHAUN Elorrieta<br>234 SAGA RD E<br>JEROME ID 83338<br>USA |   | WILLIAM SHAUN ELORRIETA<br>234 SAGE RD E<br>JEROME 83338-8333 |       |         |             |
|  |   |   | 3. <u>New</u> 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   | WILLIAM SHAUN ELORRIETA   | 234 SAGE RD E   | JEROME  | ID    | USA     | 83338       |
| MEMBER   | AMANDA JOYCE ELORRIETA  | 234 SAGE RD E   | JEROME  | ID    | USA     | 83338       |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 134990</b>  | 6. Annual Report must be signed.*<br>Signature: Amanda Elorrieta<br>Name (type or print): Amanda Elorrieta                                      |   | Date: 03/01/2015<br>Title: Member                             |       |         |             |
| Processed 03/01/2015   |   | * Electronically provided signatures are accepted as original signatures. |   |       |         |             |