No. <b>W 140200</b>		Due no later than Jul 31, 2015	2. Registered A	2. Registered Agent and Address (NO PO BOX)  PHIL WAGGONER 3843 COUNTRY CLUB DR LEWISTON ID 83501  3. New Registered Agent Signature:*			
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.  RIVERSIDE RECOVERY LLC  PHIL H. WAGGONER  1720 18TH AVE  LEWISTON ID 83501	3843 COUNT LEWISTON 1				
NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar		mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER DANA BOYD		3843 COUNTRY CLUB DR.	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Dana Boyd	Date: 05/19/2015				
W 140200		Name (type or print): Dana Boyd	Title: Business Office Manager				
Processed 05/19/2015 * Electronically provided signatures are accepted as original signatures.							