No. <b>W 11294</b>	Due no later than Mar 31, 2016	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	JOHN F MAGNUSON			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	1250 N NORTHWOOD CENTER COURT #A			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	NORTH RIVER, L.L.C. JANINE FULTON 850 W IRONWOOD DRIVE	COEUR D'ALENE ID 83814  3. New Registered Agent Signature:*			
	SUITE 300				
NO FILING FEE IF	COEUR D ALENE ID 83814				
RECEIVED BY DUE DATE					
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 BRET A DIF	kKS 850 W IRONWOOD DRIVE STE 300	COEUR D'ALENE	ID	USA	83814
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: Bret Dirks Date: 01/19/2016				
W 11294	Name (type or print): Bret Dirks	Title: Manager			
Processed 01/19/2016	* Electronically provided signatures are accepted as original signatures.				