No. C 182382		Due no later than Mar 31, 2017 2. Registered Agent and Address (NO PO BOX)					
Return to:		A	LAWRENCE K GIBBON MD 185 W. 4TH AVE, STE B POST FALLS ID 83854 3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. RIVERVIEW MEDICAL PLAZA CONDOMINIUM OWNERS ASSOCIATION, INC. ANGIE ROTHROCK 1859 N. LAKEWOOD DR. SUITE 301 COEUR D'ALENE ID 83814					
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Nar	mes and Busin	ess Addresses of Pr	esident, Secretary, and Directors. Treasure	r (optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR DIRECTOR DIRECTOR	TOR CHER A JACOBSEN		185 W. 4TH AVE STE B 185 W. 4TH AVE STE B 1859 N. LAKEWOOD DR. STE 301	POST FALLS POST FALLS COEUR D'ALENE	ID ID ID	USA USA USA	83854 83854 83814
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 182382		Signature: Angi	Date: 01/25/2017				
		Name (type or p	Title: Manager				
* Electronically provided signatures are accepted as original signatures.							