No. **W 120060**	**Due no later than Dec 31, 2016** **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.** RIVERSIDE 502, LLC JIM HOFFMAN 3924 PALMER DR COEUR D'ALENE ID 83815	JAMES E HOFFMAN 3924 PALMER DR COEUR D'ALENE ID 83815 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	JIM HOFFMAN	3924 PALMER DR	COEUR D'ALENE	ID	USA	83815

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 120060**	Signature: Jim Hoffman	Date: 12/14/2016
	Name (type or print): Jim Hoffman	Title: Manager

Processed 12/14/2016

* Electronically provided signatures are accepted as original signatures.