No. W 108675		Due no later than Nov 30, 2016		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		MELISSA W	MELISSA WELLS			
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, LLC PETER J GRABICKI 601 W RIVERSIDE AVE STE 1500 SPOKANE WA 99201 1759 N LAKEWOOD DR STE 301 COEUR D ALENE ID 83814 3. New Registered Agent Signature:*						
NO FILING FEE IF 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	
MEMBER JOHN J HEM		1MINGSON	717 W SPRAGUE AVE STE 800	SPOKANE	WA	USA	99201	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
WA		Signature: Joh		Date: 10/27/2016				
W 108675		Name (type or		Title: Member				
Processed 10/27/2016 * Electronically provided signatures are accepted as original signatures.								