

No. W 13186		Due no later than Oct 31, 2016		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		Annual Report Form		JOHN F SALOVE 111 RIVERFRONT DR MARSING ID 83639			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		RIVERFRONT, LLC JOHN F SALOVE PO BOX 607 MARSING ID 83639					
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 F SALOVE	111 RIVERFRONT DR	MARSING	ID		83639	
MEMBER	DOROTHY SALOVE	111 RIVERFRONT DR.	MARSING	ID	USA	83639	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 13186		Signature: John Salove			Date: 12/13/2016		
		Name (type or print): John Salove			Title: Member		
Processed 12/13/2016		* Electronically provided signatures are accepted as original signatures.					