

No. <b>W 13186</b>		<b>Due no later than Oct 31, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  RIVERFRONT, LLC JOHN F SALOVE PO BOX 607 MARSING ID 83639		JOHN F SALOVE 111 RIVERFRONT DR MARSING ID 83639			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> 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	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:  <b>ID</b> <b>W 13186</b>		6. Annual Report must be signed.*  Signature: John Salove Name (type or print): John Salove					
		Date: 12/13/2016 Title: Member					
Processed 12/13/2016		* Electronically provided signatures are accepted as original signatures.					