No. W 146221	Due no later than Jan 31, 2018		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		THE RESERVE AND ADDRESS OF THE PARTY OF THE	CATHLEEN MARIE ALVES			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.		20.000000000000000000000000000000000000	378 ALTURAS DR NORTH TWIN FALLS ID 83301			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	RIVER CITY TAX SOLUTIONS, LLC CATHLEEN MARIE ALVES 378 ALTURAS DR NORTH		TWIN FALLS				
	TWIN FALLS ID 83301		3. <u>New</u> Registere	3. <u>New</u> 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	
MANAGER CATHLEEN MARIE ALVES 378 ALTURAS DRIVE N		TWIN FALLS	ID	USA	83301		
5. Organized Under the Laws of:	6. Annual Report r						
ID	ID Signature: Cathleen Alves			Date: 02/26/2018			
W 146221	Name (type or print): Cathleen Alves			Title: Manager			
Processed 02/26/2018	* Electronically provided signatures are accepted as original signatures.						