No. <b>W 13186</b> Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Due no later than Oct 31, 2015 Annual Report Form		JOH	2. Registered Agent and Address (NO PO BOX)  JOHN F SALOVE			
		1. Mailing Address: Correct in this box if needed.  RIVERFRONT, LLC  JOHN F SALOVE  PO BOX 607  MARSING ID 83639		MAI	111 RIVERFRONT DR MARSING ID 83639  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compan	nies: Enter Nar	mes and Addresses of a	t least one Member or Manager.					
Office Held	Name		Street or PO Address	City		State	Country	Postal Code
MEMBER MEMBER	JOHN F SALOVE DOROTHY SALOVE		111 RIVERFRONT DR 111 RIVERFRONT DR.	MARS MARS		ID ID	USA	83639 83639
5. Organized Under the Laws of:		6. Annual Report must						
ID W 13186		Signature: Rebecca J. Owens			Date: 08/25/2015			
		Name (type or print): Rebecca J. Owens			Title: Accountant			
Processed 08/25/2015 * Electronically provided signatures are accepted as original signatures.								