No. **W 57049**	**Due no later than Dec 31, 2017** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** KIT'S RIVERSIDE RESTAURANT LLC CHRISTOPHER KIT SMITH 101 PAYETTE RIVER DRIVE HORSESHOE BEND ID 83629	CHRISTOPHER KIT SMITH 105 MOUNTAIN VIEW DR HORSESHOE BEND ID 83729 3. New 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	CHRISTOPHER KIT SMITH	105 MOUNTAIN VIEW DR	HORSESHOE BEND	ID		83729

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 57049**	Signature: KIT SMITH	Date: 11/06/2017
	Name (type or print): KIT SMITH	Title: ONWER

Processed 11/06/2017

* Electronically provided signatures are accepted as original signatures.