No. <b>C 3837</b>		Due no later than Apr 30, 2009			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		SHEILA SEEMAN				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  RIVERSIDE IRRIGATION DISTRICT, LIMITED  SHEILA SEEMAN  PO BOX 1080		120 N THIRD ST PARMA ID 83660				
NO FILING FEE IF RECEIVED BY DUE DATE		PARMA ID 83660-1080		3. <u>New</u> Registered Agent Signature:*				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).								
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
PRESIDENT	LARRY STORY		28283 HWY 18		PARMA	ID	USA	83660
TREASURER	SHEILA SEEMAN		P. O. BOX 729		PARMA	ID	USA	83660-0729
SECRETARY	SHEILA SEEMAN		P. O. BOX 729		PARMA	ID	USA	83660-0729
DIRECTOR	RAYMOND ABBOTT		26948 STEPHEN LAND		PARMA	ID	USA	83660
DIRECTOR	NEIL ALLISON		793 PHEASANT ROAD		ADRIAN	OR	USA	97901
DIRECTOR	VERNON CASE		30895 RED TOP ROAD		WILDER	ID	USA	83676
DIRECTOR	KIPTON CINDELL		727 FOXTAIL		ADRIAN	OR	USA	97901
DIRECTOR	GREGORY OBENDORF		26496 DEB LANE		PARMA	ID	USA	83660
DIRECTOR	DONALD VO	S	27410 PIONEER LANE		PARMA	ID	USA	83660
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Sheila Seeman		Date: 04/28/2009				
C 3837		Name (type or print): Sheila Seeman			Title: Secretary-Treasurer			
Processed 04/28/2009 * Electronically provided signatures are accepted as original signatures.								