No. <b>W 63374</b>		Due no later than Jun 30, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		TIM SKELTON			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  RIVER CRESS, LLC  TIM SKELTON  2140 RIVERSTONE DRIVE  SUITE 202		2140 RIVERSTONE DRIVE SUITE 202 COEUR D'ALENE ID 83814  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		COEUR D'ALENE ID 83814					
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held Na	ame		Street or PO Address	City	State	Country	Postal Code
MANAGER TII	M SKELTO	N	3951 N PLAYFAIR	COEUR D'ALENE	ID	USA	83815
MANAGER JULIE REICHEL		EL	13609 N RIVERBLUFF LANE	SPOKANE	WA	USA	99208
MANAGER TAYLOR REIG		CHEL	13609 N RIVERBLUFF LANE	SPOKANE	WA	USA	99208
MANAGER SUSAN CHAFFEE		FFEE	3500 HALEY HILL ROAD	COEUR D'ALENE	ID	USA	83814
MANAGER MIKE CHAFFEE		EE	3500 HALEY HILL ROAD	COEUR D'ALENE	ID	USA	83814
MANAGER JO	ONI SKELTO	DN	3951 N PLAYFAIR	COEUR D'ALENE	ID	USA	83815
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 63374		Signature: Tim Skelton		Date: 04/27/2017			
		Name (type or print): Tim Skelton		Title: Managing Member			
Processed 04/27/2017 * Electronically provided signatures are accepted as original signatures.							