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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------|---------|
| No. <b>W 84291</b>                                                                                                                                     |            | <b>Due no later than May 31, 2016</b>                                                                                                                                                   |            | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |            | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br>RIVER CITY MANAGEMENT COMPANY, PLLC<br>BRIAN LUCE<br>310 N HERBORN<br>POST FALLS ID 83854 |            | BRIAN LUCE<br>310 N HERBORN<br>POST FALLS ID 83854 |         |
|                                                                                                                                                        |            |                                                                                                                                                                                         |            | 3. <u>New</u> 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 |
| MEMBER                                                                                                                                                 | BRAIN LUCE | 310 N HERBORN                                                                                                                                                                           | POST FALLS | ID                                                 | USA     |
| Postal Code 83854                                                                                                                                      |            |                                                                                                                                                                                         |            |                                                    |         |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 84291</b>                                                                                           |            | 6. Annual Report must be signed.*<br>Signature: BRIAN LUCE<br>Name (type or print): BRIAN LUCE<br>Date: 03/22/2016<br>Title: MEMBER                                                     |            |                                                    |         |
| Processed 03/22/2016                                                                                                                                   |            | * Electronically provided signatures are accepted as original signatures.                                                                                                               |            |                                                    |         |