No. C 104362	Annual Report Form 1. Mailing Address: Correct in this box if needed. RIVERSIDE SERVICE GROUP, INC. KATHLEEN HANSEN 557 S WOODRUFF AVE		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:				KATHLEEN HANSEN 3925 N AMMON RD IDAHO FALLS ID 83401			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			IDAHO FALLS				
NO FILING FEE IF RECEIVED BY DUE DATE	IDAHO FALLS ID 83401		3. <u>New</u> Registere	3. New 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 KATHLEEN A	ANN HANSEN	3925 N AMMON RD	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of:	6. Annual Report must be signed.*						
ID	Signature: Ka		Date: 10/29/2012				
C 104362	Name (type o		Title: President				
Processed 10/29/2012	* Electronically provided signatures are accepted as original signatures.						