No. W 157531	Reinstatement Annual Report Form ADMIN DISSOLVED 01/24/2017	2. Registered Agent and Office (NOT A P.O. BOX)	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. RIVERMAN PARTS, LLC YVONNE C GALLIA 410 W NEIDER AVE #E COEUR DALENE ID 83815 LOCYON GOVERNMENT Way Suite 101 Dalton Gardins, 13 83815	YVONNE C GALLIA 418 W NEIDER AVE #E COEUR D'ALENE ID 83815 GOYO N GOVEN MUNICH H SWIDE I O I DOUTTON GUNDLINS ID 8 3. New Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. Manager or Member Name Street or PO Address City State Country Postal Code Manager Member Vonne Gallia 6040 Government Hay 101 Datton Gardens D Manager Member Ruhard Gallia 6040 Government Way 101 Datton Gardens D Manager Member Ruy Burney 23003 EKNOX ave, Wardy Lake WA 900 19 Manager Member Member			eng D
5. Organized Under the Late IDAHO W 157531	Signature: JUDNAL CIALLE Name (type/of print): VONNE CALL	Date: 3/39/17	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM