




No. <b>W 40453</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 09/22/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> YVONNE GALLIA 410 W NEIDER AVE #E COEUR D ALENE ID 83814
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> RIVERMAN, L.L.C. YVONNE GALLIA 410 W NEIDER AVE. #E COEUR D ALENE ID 83814		3. <u>New</u> 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 <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Yvonne Gallia	410 W Neider #E	COEURD'ALENE	ID	USA	83815
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Richard Gallia Jr	410 W Neider #E	COEURD'ALENE	ID	USA	83815
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of:  <div style="text-align: center;">IDAHO W 40453</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature:   </td> <td style="width: 40%;">           Date:            10/14/15         </td> </tr> <tr> <td>           Name (type or print):            Yvonne Gallia         </td> <td>           Title:            Managing Member         </td> </tr> </table>	Signature: 	Date: 10/14/15	Name (type or print): Yvonne Gallia	Title: Managing Member
Signature: 	Date: 10/14/15				
Name (type or print): Yvonne Gallia	Title: Managing Member				

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