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|--|------------|--|-------|--|---------|--------------|--|
| No. W 99159 | | Due no later than Dec 31, 2011 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. RIVIERA RESIDENTIAL CARE, LLC JENNIFER BELVILLE 9766 MOSSY CUP ST BOISE ID 83709 | | LISA MOORE 9766 MOSSY CUP ST BOISE ID 83709 | | | |
| | | | | 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 | Postal Code | |
| MEMBER | LISA MOORE | 9766 MOSSY CUP ST. | BOISE | ID | USA | 83709 | |
| 5. Organized Under the Laws of: ID W 99159 | | 6. Annual Report must be signed.* Signature: Lisa Moore Name (type or print): Lisa Moore | | | | | |
| | | | | Date: 01/03/2012 | | Title: Owner | |
| Processed 01/03/2012 | | * Electronically provided signatures are accepted as original signatures. | | | | | |