No. <b>W 106335</b> Return to:		Due no later than Aug 31, 2016 Annual Report Form  1. Mailing Address: Correct in this box if needed.  RIDGEVIEW, LLC ANDREA MCRAE 3755 SAGE RD HOMEDALE ID 83628		2	2. Registered Agent and Address (NO PO BOX)  ANDREA MCRAE 3755 SAGE RD HOMEDALE ID 83628  3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080									
NO FILING FEE IF RECEIVED BY DUE DATE									
4. Limited Liability Comp	oanies: Enter N	ames and Addre	esses of at least one Member or Manager.						
Office Held	Name		Street or PO Address		City	State	Country	Postal Code	
MEMBER	ANDREA M	ICRAE	3755 SAGE RD		HOMEDALE	ID	USA	83628	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID		Signature:	Signature: Andrea McRae			Date: 06/24/2016			
W 106335		Name (type or print): Andrea McRae			Title: Partner				
Processed 06/24/2016 * Electronically provided signatures are accepted as original signatures.									