

No. <b>W 124428</b>		<b>Due no later than Apr 30, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  RIVER VALLEY MEDICAL LLC MICHAEL WOLFE 5503 KENDALL AVE BOISE ID 83706		ONE TREE ACCOUNTING PLLC 1208 W HAWAII AVE NAMPA 83686			
				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	ADAM MARLETT	4188 STAR VISTA LN	EAGLE	ID	USA	83616	
MEMBER	MICHAEL WOLFE	16942 ROSE BRIAR LN	NAMPA	ID	USA	83687	
5. Organized Under the Laws of:  <b>ID W 124428</b>		6. Annual Report must be signed.* Signature: MICHAEL WOLFE Name (type or print): MICHAEL WOLFE Date: 02/24/2015 Title: OWNER/PARTNER					
Processed 02/24/2015		* Electronically provided signatures are accepted as original signatures.					