

No. W 124428	Due no later than Apr 30, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. RIVER VALLEY MEDICAL LLC MICHAEL WOLFE 2930 S JUNIPER ST NAMPA ID 83686		ONE TREE ACCOUNTING PLLC 1208 W HAWAII AVE NAMPA ID 83686			
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held MEMBER	Name MICHAEL WOLFE	Street or PO Address 2930 S JUNIPER ST	City NAMPA	State ID	Country USA	Postal Code 83686
5. Organized Under the Laws of: ID W 124428	6. Annual Report must be signed.* Signature: Michael Wolfe Name (type or print): Michael Wolfe Date: 04/06/2014 Title: Member					
Processed 04/06/2014	* Electronically provided signatures are accepted as original signatures.					