No. <b>W 85824</b>		Due no later than Jul 31, 2012 Annual Report Form  1. Mailing Address: Correct in this box if needed.  RIVERSIDE REHABILITATION PLLC ALICIA SIDDOWAY PO BOX 322 REXBURG ID 83440		2. Registered A	2. Registered Agent and Address (NO PO BOX)  ALICIA G SIDDOWAY  995 BARNEY DAIRY RD  REXBURG ID 83440  3. New Registered Agent Signature:*			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE				995 BARNEY				
				3. <u>New</u> Registe				
4. Limited Liability Compan	ies: Enter Nai	mes and Addres	ses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
	DUANE SIDDOWAY ALICIA SIDDOWAY		995 Barney Dairy RD 995 Barney Dairy RD	REXBURG REXBURG	ID ID	USA USA	83440 83440	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: A		Date: 05/10/2012				
W 85824		Name (type	or print): Alicia Siddoway		Title: Manager			
Processed 05/10/2012 * Electronically provided signatures are accepted as original signatures.								