No. <b>W 81235</b>		Due no later than Feb 28, 2011		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		BARBARA N	BARBARA NORTON			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  RIVERSIDE RECOVERY-OROFINO LLC BARBARA NORTON 1275 RIVERSIDE AVE OROFINO ID 83544		OROFINO ID	225 BROOKWATER LANE OROFINO ID 83544  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Na	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	BARBARA N	ORTON	225 BROOKWATER LANE	OROFINO	ID	USA	83544	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Barbara Norton			Date: 01/10/2011			
W 81235		Name (type or		Title: Owner				
Processed 01/10/2011 * Electronically provided signatures are accepted as original signatures.								