

|                                                                                                                                                        |              |                                                                                                                                                                |       |                                                      |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------|---------|------------------|--|
| No. <b>W 185459</b>                                                                                                                                    |              | <b>Due no later than Jul 31, 2018</b>                                                                                                                          |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>   |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |              | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>R86, LLC<br>R86, LLC<br>839 S BRIDGEWAY PL<br>EAGLE ID 83616 |       | JOHN BOTTLES<br>839 S BRIDGEWAY PL<br>EAGLE ID 83616 |         |                  |  |
|                                                                                                                                                        |              |                                                                                                                                                                |       | 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                                                                                                                                                 | JOHN BOTTLES | 839 S BRIDGEWAY PL                                                                                                                                             | EAGLE | ID                                                   | USA     | 83616            |  |
| 5. Organized Under the Laws of:                                                                                                                        |              | 6. Annual Report must be signed.*                                                                                                                              |       |                                                      |         |                  |  |
| <b>ID<br/>W 185459</b>                                                                                                                                 |              | Signature: John Bottles                                                                                                                                        |       |                                                      |         | Date: 05/23/2018 |  |
|                                                                                                                                                        |              | Name (type or print): John Bottles                                                                                                                             |       |                                                      |         | Title: Member    |  |
| Processed 05/23/2018                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                      |       |                                                      |         |                  |  |