

No. W 138155	Due no later than May 31, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) DAVID PAUL LARSON 10615 W VOGEL RD WORLEY ID 83876
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. ROCKFORD RENTALS, LLC DAVID PAUL LARSON 10615 W VOGEL RD WORLEY ID 83876		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	DAVID PAUL LARSON	10615 W. Vogel RD				
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	LINDA PEACE LARSON	Worley Id				83876
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

NO TAXABLE ITEMS

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 138155 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u>David Paul Larson</u> LLC </td> <td style="width: 40%;"> Date: <u>4-2-15</u> </td> </tr> <tr> <td> Name (type or print): <u>DAVID PAUL LARSON</u> </td> <td> Title: <u>PRESIDENT</u> </td> </tr> </table>	Signature: <u>David Paul Larson</u> LLC	Date: <u>4-2-15</u>	Name (type or print): <u>DAVID PAUL LARSON</u>	Title: <u>PRESIDENT</u>
Signature: <u>David Paul Larson</u> LLC	Date: <u>4-2-15</u>				
Name (type or print): <u>DAVID PAUL LARSON</u>	Title: <u>PRESIDENT</u>				