

No. W 138503	Due no later than Jun 30, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) E M VANDERPOOL 6177 SOMERSET LN STAR ID 83669							
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. PRIME RENTAL PROPERTIES LLC E VANDERPOOL 6177 SOMERSET LN STAR ID 83669		3. <u>New</u> Registered Agent Signature.							
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.										
<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code				
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	E. M. VANDERPOOL 6177 SOMERSET LN STAR ID 83669									
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	E. J. VANDERPOOL 6177 SOMERSET LN STAR ID 83669									
Manager <input type="checkbox"/> Member <input type="checkbox"/>										
Manager <input type="checkbox"/> Member <input type="checkbox"/>										
5. Organized Under the Laws of:		6.								
IDAHO W 138503		Signature: <u>E. M. Vanderpool</u>	Date: <u>5-1-16</u>							
		Name (type or print): <u>E. M. VANDERPOOL</u>	Title: _____							
Issued 04/26/2016 by CLH										

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