No. <b>W 52097</b> Return to:		Due no later than Jun 30, 2014  Annual Report Form		2	2. Registered Agent and Address (NO PO BOX)  CLAUDIA LEACH			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  ROTHROCK AMERICA, LLC.  CLAUDIA R LEACH  3356 FISHER ROAD  ROSEBURG OR 97471		_	105 W MILES AVE HAYDEN ID 83835  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compa	anies: Enter Na	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	CLAUDIA LE	ACH	3356 FISHER ROAD		ROSEBURG	OR	USA	97471
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 52097		Signature: Claudia Leach			Date: 04/16/2014			
		Name (type or print): Claudia Leach			Title: Manager			
Processed 04/16/2014 * Electronically provided signatures are accepted as original signatures.								