No. W 152371 Return to:		Due no later than Jun 30, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX) TINA F LUPER 2379 E 3200 S JEROME ID 83338 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. RN LEASING LFTF, LLC TINA F LUPER PO BOX 5478 TWIN FALLS ID 83303	JEROME ID				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Compa	anies: Enter Nai	mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER RAY H NEIL:		SEN PO BOX 5478	TWIN FALLS	ID	USA	83303	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: TINA F. LUPER	Date: 05/	Date: 05/11/2016			
W 152371		Name (type or print): TINA F. LUPER	Title: RE	Title: REGISTERED AGENT			
Processed 05/11/2016 * Electronically provided signatures are accepted as original signatures.							