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| No. W 39847 | | Due no later than May 31, 2016 | | 2. Registered Agent and Address (NO PO BOX) | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. PORTNEUF RIVER RECEIVABLES, LLC Kathy M Alley 560 MEMORIAL DR STE C Pocatello Id 83201-3112 USA | | DAVID VANORDEN 560 MEMORIAL DR STE C Pocatello ID 83201-8320 | |
| | | | | 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 |
| MANAGER | KATHY ALLEY | 560 MEMORIAL DR STE C | POCATELLO | ID | 83204-3112 |
| 5. Organized Under the Laws of: ID W 39847 | | 6. Annual Report must be signed.* Signature: Kathy Alley Name (type or print): Kathy Alley Date: 05/17/2016 Title: Executive Assistant | | | |
| Processed 05/17/2016 | | * Electronically provided signatures are accepted as original signatures. | | | |