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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------------|---------|-------------|--|
| No. <b>W 34495</b>                                                                                                                                     |               | <b>Due no later than Nov 30, 2015</b>                                                                                                                                     |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>        |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>1. Mailing Address: Correct in this box if needed.</b><br>ROTHROCK PROPERTIES OF COEUR D'ALENE, LLC<br>CLAUDIA R LEACH<br>3356 FISHER ROAD<br>ROSEBURG OR 97471<br>USA |          | ELAINE JOHNSON<br>3115 POINT HAYDEN DR<br>HAYDEN ID 83835 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                                                           |          | 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                                                                                                                                                | CLAUDIA LEACH | 3356 FISHER ROAD                                                                                                                                                          | ROSEBURG | OR                                                        | USA     | 97471       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 34495</b>                                                                                           |               | 6. Annual Report must be signed.*<br>Signature: Claudia Leach<br>Name (type or print): Claudia Leach<br>Date: 09/23/2015<br>Title: manager                                |          |                                                           |         |             |  |
| Processed 09/23/2015                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                                 |          |                                                           |         |             |  |