

|                                                                                                                                                        |                         |                                                                                                                                               |       |                                                                    |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------|---------|------------------|--|
| No. <b>W 166378</b>                                                                                                                                    |                         | <b>Due no later than May 31, 2017</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><br>GROVER RENTALS, LLC<br>JEF LEIFESTE<br>2267 W CHAMPAGNE CT<br>EAGLE ID 83616 |       | INCORP SERVICES, INC.<br>1310 S VISTA AVE STE 27<br>BOISE ID 83705 |         |                  |  |
|                                                                                                                                                        |                         |                                                                                                                                               |       | 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                                                                                                                                                | JEF LEIFESTE            | 2267 W CHAMPAGNE CT                                                                                                                           | EAGLE | ID                                                                 | USA     | 83616            |  |
| MANAGER                                                                                                                                                | JENNIFER HUANG-LEIFESTE | 2267 W CHAMPAGNE CT                                                                                                                           | EAGLE | ID                                                                 | USA     | 83616            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                         | 6. Annual Report must be signed.*                                                                                                             |       |                                                                    |         |                  |  |
| <b>ID<br/>W 166378</b>                                                                                                                                 |                         | Signature: Jef Leifeste                                                                                                                       |       |                                                                    |         | Date: 03/19/2017 |  |
|                                                                                                                                                        |                         | Name (type or print): Jef Leifeste                                                                                                            |       |                                                                    |         | Title: Manger    |  |
| Processed 03/19/2017                                                                                                                                   |                         | * Electronically provided signatures are accepted as original signatures.                                                                     |       |                                                                    |         |                  |  |