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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------|---------------------|
| No. <b>W 126894</b>                                                                                                                                    |                    | <b>Due no later than Jul 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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>R2 RENTALS, LLC<br>RACHELLE OWSLEY RUFFING<br>5850 S 18TH E<br>MTN HOME ID 83647 |               | RACHELLE OWSLEY RUFFING<br>5850 S 18TH E<br>MTN HOME ID 83647 |                     |
|                                                                                                                                                        |                    |                                                                                                                                                                                    |               | 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                                                                                                                                                | RACHELLE O RUFFING | 5850 S 18TH E                                                                                                                                                                      | MOUNTAIN HOME | ID                                                            | USA 83647           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 126894</b>                                                                                          |                    | 6. Annual Report must be signed.*<br>Signature: Rachelle Ruffing<br>Name (type or print): Rachelle Ruffing<br>Date: 05/25/2017<br>Title: Owner                                     |               |                                                               |                     |
| Processed 05/25/2017                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                                          |               |                                                               |                     |