No. **W 3905**	**Due no later than Apr 30, 2015**	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.** EAGLE ROCK ACCEPTANCE, LTD. CO. CONNIE HAFEN 2613 LAGUNA DR IDAHO FALLS ID 83404 USA	CONNIE HAFEN 2613 LAGUNA DR IDAHO FALLS ID 83404 3. New 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	CONNIE S HAFEN	2613 LAGUNA DRIVE	IDAHO FALLS	ID	USA	83404

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 3905**	Signature: Connie Hafen	Date: 06/08/2015
	Name (type or print): Connie Hafen	Title: Manager

Processed 06/08/2015

* Electronically provided signatures are accepted as original signatures.