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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------|---------|-------------|--|
| No. <b>W 115352</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>IP RENTALS LLC<br>JASON HURD<br>PO BOX 262<br>MACKS INN ID 83433 |             | MICHAEL JASON HURD<br>4525 WESLIN TRAIL<br>ISLAND PARK ID 83433 |         |             |  |
|                                                                                                                                                        |                    |                                                                                                                                                                    |             | 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                                                                                                                                                | MICHAEL JASON HURD | 4525 WESLIN TRAIL                                                                                                                                                  | ISLAND PARK | ID                                                              | USA     | 83429       |  |
| MEMBER                                                                                                                                                 | TRICIA J HURD      | 4525 WESLIN TRAIL                                                                                                                                                  | ISLAND PARK | ID                                                              | USA     | 83429       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 115352</b>                                                                                          |                    | 6. Annual Report must be signed.*<br>Signature: Tiffany Mecham<br>Name (type or print): Tiffany Mecham<br>Date: 08/07/2017<br>Title: Secretary                     |             |                                                                 |         |             |  |
| Processed 08/07/2017                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                          |             |                                                                 |         |             |  |