| No. W 72189 | | Due no later than Mar 31, 2014 | | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|--|------------------------------------|--------------------------|---|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. RTR1, LLC SYNDEE KEMP 2600 STONE RIVER CIR. POCATELLO ID 83204 | | 444 HOSPITA POCATELLO | ALLYSON BURNHAM 444 HOSPITAL WY STE 555 POCATELLO ID 83201 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compar | nies: Enter Nai | mes and Addresses | of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER | BRAD FRASURE | | 444 HOSPITAL WY STE 555 | POCATELLO | ID | USA | 83201 | |
| MANAGER | JEFF MAYNARD | | 11956 N HILINE | POCATELLO | ID | USA | 83202 | |
| MANAGER | RICHARD E FELLOWS | | 636 GARY ST | POCATELLO | ID | USA | 83201 | |
| MANAGER | JEDEDIAH M | FELLER | 2871 N TENAYA WAY | LAS VEGAS | NV | USA | 89128 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 72189 | | Signature: Syndee Kemp | | | Date: 02/14/2014 | | | |
| | | Name (type or print): Syndee Kemp | | | Title: Mgr | | | |
| Processed 02/14/2014 | * Electronically provided signatures are accepted as original signatures. | | | | | | | |