

|                                                                                                                                                        |                       |                                                                                                                                                            |            |                                                                   |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------------|---------|------------------|--|
| No. <b>W 110983</b>                                                                                                                                    |                       | <b>Due no later than Feb 28, 2014</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>RC'S AUTO CREDIT LLC.<br>ROBERT D MCMILLEN<br>1373 SILVERCREEK WAY<br>TWIN FALLS ID 83301 |            | ROBERT D MCMILLEN<br>1373 SILVER CREEK WAY<br>TWIN FALLS ID 83301 |         |                  |  |
|                                                                                                                                                        |                       |                                                                                                                                                            |            | 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      |  |
| MEMBER                                                                                                                                                 | ROBERT DAVID MCMILLEN | 1373 SILVERCREEK WAY                                                                                                                                       | TWIN FALLS | ID                                                                | USA     | 83301            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                       | 6. Annual Report must be signed.*                                                                                                                          |            |                                                                   |         |                  |  |
| <b>ID<br/>W 110983</b>                                                                                                                                 |                       | Signature: Robert McMillen                                                                                                                                 |            |                                                                   |         | Date: 02/26/2014 |  |
|                                                                                                                                                        |                       | Name (type or print): Robert McMillen                                                                                                                      |            |                                                                   |         | Title: Member    |  |
| Processed 02/26/2014                                                                                                                                   |                       | * Electronically provided signatures are accepted as original signatures.                                                                                  |            |                                                                   |         |                  |  |