


No. W 110983	Reinstatement Annual Report Form ADMIN DISSOLVED 05/10/2013		2. Registered Agent and Office (NOT A P.O. BOX) ROBERT D MCMILLEN 1337 SILVER CREEK WAY TWIN FALLS ID 83301							
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. RC'S AUTO CREDIT LLC. ROBERT D MCMILLEN 363 2ND AVE S TWIN FALLS ID 83301		3. <u>New</u> Registered Agent Signature.							
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.										
<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code				
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Robert D McMillen	13735 Silver Creek Way	Twin Falls	ID	Twin Falls	83301				
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Robert B McMillen	633 Fitz Ln Deaper	Ut.	Utah		84020				
Manager <input type="checkbox"/> Member <input type="checkbox"/>										
Manager <input type="checkbox"/> Member <input type="checkbox"/>										
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> IDAHO W 110983 </div>		6. Signature: <div style="text-align: center;">  </div>		Date: <div style="text-align: center;"> 6/15/13 </div>						
Name (type or print): <div style="text-align: center;"> Robert D McMillen </div>		Title: <div style="text-align: center;"> Member </div>								