

No. W 6226	Due no later than May 31, 2013 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) DWAIN L WEEKS 2951 W HWY 36 WESTON ID 83286
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. R.C.P. PROPERTIES, L.C. DWAIN L WEEKS 2951 W HWY 36 WESTON ID 83286		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Dwain Weeks	2951 w Hwy 36	Weston, Id,	U.S.A.		83286
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Sandra Weeks	2951 w. Hwy 36	Weston, Id,			83286 83286
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;"> IDAHO W 6226 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u>Dwain Weeks</u> </td> <td style="width: 40%;"> Date: <u>3/28/13</u> </td> </tr> <tr> <td> Name (type or print): <u>Dwain Weeks</u> </td> <td> Title: _____ </td> </tr> </table>	Signature: <u>Dwain Weeks</u>	Date: <u>3/28/13</u>	Name (type or print): <u>Dwain Weeks</u>	Title: _____
Signature: <u>Dwain Weeks</u>	Date: <u>3/28/13</u>				
Name (type or print): <u>Dwain Weeks</u>	Title: _____				

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