No. **W 95143**	**Due no later than Jul 31, 2014** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** RELIANCE PROPERTY RENTAL LLC C/O LISA M HULME 859 SPARKS ST N TWIN FALLS ID 83301	LISA M HULME 859 SPARKS ST N TWIN FALLS ID 83301 3. New 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	DARIN HULME	859 SPARKS STR N	TWIN FALLLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 95143**	Signature: Lisa M Hulme	Date: 07/06/2014
	Name (type or print): Lisa M Hulme	Title: General Manager

Processed 07/06/2014

* Electronically provided signatures are accepted as original signatures.