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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------------------|---------------------|
| No. <b>W 26873</b>                                                                                                                                     |              | <b>Due no later than Nov 30, 2017</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>AMERICAN HOME RENTALS LLC<br>JOE V GONZALES<br>2646 N. LARCHMONT AVE.<br>MERIDIAN ID 83646<br>USA |          | JOE GONZALES<br>2646 N. LARCHMONT AVE.<br>MERIDIAN ID 83646 |                     |
|                                                                                                                                                        |              |                                                                                                                                                                                                     |          | 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                                                                                                                                                 | JOE GONZALES | 2646 N. LARCHMONT AVE.                                                                                                                                                                              | MERIDIAN | ID                                                          | 83646               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 26873</b>                                                                                           |              | 6. Annual Report must be signed.*<br>Signature: Joe V. Gonzales<br>Name (type or print): Joe V. Gonzales<br>Date: 09/18/2017<br>Title: President                                                    |          |                                                             |                     |
| Processed 09/18/2017                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                                                           |          |                                                             |                     |