| No. <b>W 6394</b>  |              | Due no la  | 2. Registered Agent and Address (NO PO BOX) |  |       |         |             |
|--|--------------|--|---|--|-------|---------|-------------|
| Return to:   |              | Annual Report Form   |   | C T CORPORATION SYSTEM                     |       |         |             |
| 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.  ROCK CREEK ILC  DIANE J RINKER  PO BOX 7250  NEWPORT BEACH CA 92658  USA |   | 921 S ORCHARD ST STE G<br>BOISE ID 83705   |       |         |             |
|  |              |  |   | 3. <u>New</u> Registered Agent Signature:* |       |         |             |
| 4. Limited Liability Companies   | s: Enter Nar | mes and Addresses of at I  | least one Member or Manager.                |  |       |         |             |
| Office Held N  | lame         |  | Street or PO Address                        | City                                       | State | Country | Postal Code |
| MANAGER HARRY S RINKER   |              | 949 SOUTH COAST DRIVE SUITE 500  | COSTA MESA                                  | CA   |       | 92626   |             |
| 5. Organized Under the Laws of:  |              | 6. Annual Report must be signed.*  |   |  |       |         |             |
| ID<br>W 6394   |              | Signature: Diane Rinker  |   | Date: 05/28/2015                           |       |         |             |
|  |              | Name (type or print):  | Title: Manager                              |  |       |         |             |
| Processed 05/28/2015 * Electronically provided signatures are accepted as original signatures.                 |              |  |   |  |       |         |             |