| No. <b>W 26271</b>   |  |                          | 2. Registered Agent and Address (NO PO BOX)                             |            |                |  |
|--|--|--------------------------|---|------------|----------------|--|
| Return to:   | Annual Report Form   |                          | KATE COINER   |            |                |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080             | 1. Mailing Address: Correct in this box if needed.  TKC RENTALS, LLC  KATE COINER  1120 S VIEW DR  TWIN FALLS ID 83301 | TWIN FALLS               | 1120 S VIEW DR TWIN FALLS ID 83301  3. New Registered Agent Signature:* |            |                |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   | I WATTALLS ID GOSGI  |                          |   |            |                |  |
| 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 KATE CO<br>MEMBER TIM COII  |  | TWIN FALLS<br>TWIN FALLS | ID<br>ID  | USA<br>USA | 83301<br>83301 |  |
| 5. Organized Under the Laws of:  | 6. Annual Report must be signed.*  |                          |   |            |                |  |
| ID   | Signature: Kate Coiner   |                          | Date: 09/05/2013  |            |                |  |
| W 26271  | Name (type or print): Kate Coiner  |                          | Title: Member   |            |                |  |
| Processed 09/05/2013   | * Electronically provided signatures are accepted as original signatures.  |                          |   |            |                |  |