

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000001796

Entity Name: HARVEST LEASING LLC

Current Principal Place of Business:

5885 MEADOWS RD., SUITE 500
ATTN: LEGAL DEPARTMENT
LAKE OSWEGO, OR 97035

Current Mailing Address:

PO BOX 1700
ATTN: LEGAL DEPARTMENT
LAKE OSWEGO, OR 97035-8646 US

FEI Number: 20-8462178

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name HARVEST FACILITY HOLDINGS II LP
Address 5885 MEADOWS RD., SUITE 500
City-State-Zip: LAKE OSWEGO OR 97035

Title CEO
Name CALLISON, JACK RJR
Address 5885 MEADOWS RD SUITE 500
City-State-Zip: LAKE OSWEGO OR 97035

Title CFO
Name SHANABERGER, SCOTT
Address 5885 MEADOWS RD SUITE 500
City-State-Zip: LAKE OSWEGO OR 97035

Title S
Name WOOD, RANDY S
Address 5885 MEADOWS RD SUITE 500
City-State-Zip: LAKE OSWEGO OR 97035

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT SHANABERGER

CFO

04/04/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date