

INSTRUCTIONS ON REVERSE SIDE

ISSUED: 11-10-1993

No. 1123	Idaho Limited Liability Company Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX
Return To	Due No Later Than November 30, 1995	KATHLEEN RIFE
Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	1 Mailing Address - Please Correct If Not Correct RRM LIMITED LIABILITY COMPANY KATHLEEN RIFE 1116 W LAKE P.O. Box 1509 MCCALL ID 83638	1116 W LAKE MCCALL ID 83638
		3. Organized Under The Laws of ID NO: 1123

4. Names and Addresses of ☐ Managers or ☒ Members (check one)		MUST BE PRINTED OR TYPED		
<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
JALC RIFE	Box 1509	McCall	ID	83638
DAN RILEY	1711 Johnson Blvd.	BOISE	ID	83702
J. GERALD McMANUS	312 N. 3rd	McCall	ID	83638

5. Signature of the Current Registered Agent (if changed in block 2)	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.
_____	Signature <u>Kathleen Rife</u> Date <u>9/15/95</u>
	Name (Typed or Printed) <u>KATHLEEN RIFE</u>