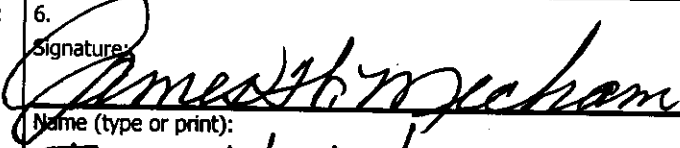


No. W 40986	Due no later than Jul 31, 2013 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) JAMES W MECHAM 412 MAIN AVE N TWIN FALLS ID 83301
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. 412 ROAN HOUSE, LLC JAMES W MECHAM PO BOX 3119 TWIN FALLS ID 83303-3119 USA		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Name Street or PO Address City State Country Postal Code			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> James W. Mecham P.O. Box 3119 Twin Falls ID USA 83303			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-size: large;"> IDAHO W 40986 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Signature:  Name (type or print): James W. Mecham </div> <div> Date: 7-17-2013 Title: sole proprietor </div> </div>	
Issued 07/17/2013 by KAH		122189	