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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------|---------|-------------|--|
| No. <b>W 16078</b>                                                                                                                                     |               | <b>Due no later than Jul 31, 2018</b>                                                                                                                                  |        | 2. Registered Agent and Address <b>(NO PO BOX)</b>        |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>RHL DEVELOPMENT, LLC<br>JOHN LARSON<br>PO BOX 417<br>ASOTIN WA 99402 |        | CHRISTOPHER J MOORE<br>1219 IDAHO ST<br>LEWISTON ID 83501 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                                                        |        | 3. <u>New</u> Registered Agent Signature:*                |         |             |  |
| 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 |  |
| MANAGER                                                                                                                                                | JOHN H LARSON | PO BOX 417                                                                                                                                                             | ASOTIN | WA                                                        | USA     | 99402       |  |
| 5. Organized Under the Laws of:<br><br><b>WA</b><br><b>W 16078</b>                                                                                     |               | 6. Annual Report must be signed.*<br>Signature: John Larson<br>Name (type or print): John Larson                                                                       |        |                                                           |         |             |  |
|                                                                                                                                                        |               | Date: 06/21/2018<br>Title: Manager                                                                                                                                     |        |                                                           |         |             |  |
| Processed 06/21/2018                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                              |        |                                                           |         |             |  |