| No. W 21266 Return to: | | Due no later than Nov 30, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. RMH4, LLC STEVE L RICE 512 S ROCKY PT CT POST FALLS ID 83854 | | 2. Registered Agent and Address (NO PO BOX) STEVEN L RICE 512 S ROCKY PT CT POST FALLS ID 83854 3. New Registered Agent Signature:* | | | |
|--|------------------|--|-------------|---|-------|---------|-------------|
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Limited Liability Compa | anies: Enter Nar | nes and Addresses of at least one Member | or Manager. | | | | |
| Office Held | Name | Street or PO Add | ress | City | State | Country | Postal Code |
| MEMBER STEVEN L RICE | | NICE PO BOX 832 | | POCATELLO | ID | | 83204 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID | | Signature: STEVEN RICE | | Date: 10/26/2015 | | | |
| W 21266 | | Name (type or print): STEVEN RICE | | Title: REGISTERED AGENT | | | |
| Processed 10/26/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | | |