

No. W 8664		Due no later than Apr 30, 2012		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. ROCKY MOUNTAIN HOSPITALITY, LLC STEVEN L RICE 512 S ROCKY POINT CT POST FALLS ID 83854		STEVEN L RICE 512 S. ROCKY POINT CT POST FALLS ID 83854			
				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	
MEMBER	STEVEN L RICE	512 S. ROCKY POINT CT.	POST FALLS	ID	USA	83854	
MEMBER	CINTHIA RICE	512 S. ROCKY POINT CT.	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of: ID W 8664		6. Annual Report must be signed.* Signature: Steve Rice Name (type or print): Steve Rice Date: 02/14/2012 Title: Member					
Processed 02/14/2012		* Electronically provided signatures are accepted as original signatures.					