

| No. W 42449 | Due no later than September 30, 2007 Annual Report Form | | 2. Registered Agent and Office NO PO BOX | | | | | | | | | | | | |
|---|---|---|---|-------------|-------|------------------------|------|-------|-----|--------|------------|-----------------------|------------|----|-------|
| Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address - Correct in this box, if applicable RMH6 LLC 38431 S HWY 97 HARRISON, ID 83833 512 S. Rocky Point Ct. Post Falls, ID 83854 | | STEVE RICE 38431 S HWY 97 HARRISON, ID 83833 3. New Registered Agent Signature | | | | | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>Steve Rice</td> <td>512 S. Rocky Point Ct</td> <td>Post Falls</td> <td>ID</td> <td>83854</td> </tr> </tbody> </table> | | | | Office held | Name | Street or P.O. Address | City | State | Zip | Member | Steve Rice | 512 S. Rocky Point Ct | Post Falls | ID | 83854 |
| Office held | Name | Street or P.O. Address | City | State | Zip | | | | | | | | | | |
| Member | Steve Rice | 512 S. Rocky Point Ct | Post Falls | ID | 83854 | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO W 42449 | | 6. Signature <u>Steve Rice</u> Date <u>7-17-07</u> Name (Typed or Printed) <u>Steve Rice</u> Title <u>Member</u> | | | | | | | | | | | | | |

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