

No. W 51441		Due no later than 6/30/2009 Annual Report Form		2. Registered Agent and Address (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 needed. NORM RICE MANAGEMENT LLC 412 ASPEN LANE GRANGEVILLE ID 83530		NORMAN L RICE 412 ASPEN LANE GRANGEVILLE ID 83530	
				3. New 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	Zip
<i>MANAGER</i>	<i>NORMAN L. RICE</i>	<i>412 ASPEN LN.</i>	<i>GRANGEVILLE,</i>	<i>ID</i>	<i>83530</i>
5. Organized Under the Laws of:		6. Annual Report must be signed.			
ID W 51441		Signature: <i>Norman L. Rice</i>		Date: <i>4-16-09</i>	
		Name(type or print): <i>NORMAN L. RICE</i>		Title: <i>MANAGER</i>	