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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------|---------------------|
| No. <b>W 17480</b>                                                                                                                                     |             | <b>Due no later than Dec 31, 2016</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>RJH, L.L.C.<br>RANDY HAMM<br>1515 E CLARK ST<br>POCATELLO ID 83201 |           | RANDY HAMM<br>1515 E CLARK ST<br>POCATELLO ID 83201 |                     |
|                                                                                                                                                        |             |                                                                                                                                                                      |           | 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                                                                                                                                                | RANDY HAMM  | 1515 E. CLARK ST.                                                                                                                                                    | POCATELLO | ID                                                  | 83201               |
| MANAGER                                                                                                                                                | JOANNE HAMM | 1515 E. CLARK ST.                                                                                                                                                    | POCATELLO | ID                                                  | 83201               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 17480</b>                                                                                           |             | 6. Annual Report must be signed.*<br>Signature: Joanne Hamm<br>Name (type or print): Joanne Hamm<br>Date: 12/15/2016<br>Title: Manager                               |           |                                                     |                     |
| Processed 12/15/2016                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                                            |           |                                                     |                     |