

No. W 42449		Due no later than September 30, 2008		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form		STEVE RICE 28434 S HWY 97 HARRISON, ID 83833 512 S. Rocky Point CT Post Falls ID 83854													
NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address - Correct in this box, if applicable RMH6 LLC 512 S ROCKY POINT CT POST FALLS, ID 83854		3. New Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Members.																	
<table border="1"><thead><tr><th><u>Office held</u></th><th><u>Name</u></th><th><u>Street or P.O. Address</u></th><th><u>City</u></th><th><u>State</u></th><th><u>Zip</u></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>						<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Member	Steve Rice	512 S. Rocky Point CT	Post Falls	ID	83854
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>												
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>7-16-08</u> Name (Typed or Printed) <u>Steve Rice</u> Title <u>Member</u>															

Issued 07/01/2008

Do Not Tape or Staple

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