

No. W 4696	Due no later than September 30, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX STEVEN L RICE 30431 S HWY 67 HARRISON, ID 83633 512 S. Rocky Point Ct Post Falls ID 83854												
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 RMH3, LLC STEVEN L RICE 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 style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;">Member</td> <td style="border-bottom: 1px solid black;">Steve Rice</td> <td style="border-bottom: 1px solid black;">512 S. Rocky Point Ct</td> <td style="border-bottom: 1px solid black;">Post Falls</td> <td style="border-bottom: 1px solid black;">ID</td> <td style="border-bottom: 1px solid black;">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
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Member	Steve Rice	512 S. Rocky Point Ct	Post Falls	ID	83854										
5. Organized Under the Laws of: IDAHO W 4696		6. Signature <u>Steve Rice</u> Date <u>7-16-08</u> Name (Typed or Printed) <u>Steve Rice</u> Title <u>Member</u>													

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Do Not Tape or Staple

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