No. <b>W 36439</b>		Due no later than Feb 28, 2010		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		to be seen a second process of the second pr	JOHN F MAGNUSON 1250 NORTHWOOD CTR CT STE A COEUR D'ALENE ID 83815  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.  STEAMBOAT CLIFFS, LLC TIM A JOHNSON 1202 SHOREWOOD CT COEUR D ALENE ID 83815 USA		COEUR D'ALENI				
				5. <u>1.5</u>				
<ol><li>Limited Liability Cor</li></ol>	mpanies: Enter Nai	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
Manager Manager	TIM JOHNSO DONNA WES	ON STMORELAND	1202 SHOREWOOD CT 1202 E. SHOREWOOD CT	COEUR D'ALENE COEUR D'ALENE	ID ID	USA USA	83815 83815	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 36439		Signature: Tim A Johnson			Date: 01/29/2010			
		Name (type or print): Tim A Johnson			Title: Manager			
Processed 01/29/2010	)	* Electronically prov	rided signatures are accepted as original	signatures.				