

No. W 23569		Due no later than Apr 30, 2018		Annual Report Form		2. Registered Agent and Address (NO PO BOX)	
Return to: 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. SANDPOINT VACATION RENTALS LLC MARIA GOLPHENEE PO BOX A SANDPOINT ID 83864		MARIA GOLPHENEE 389 UPLAND DR SANDPOINT ID 83864		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	
MEMBER	BRAD GOLPHENEE	PO BOX A	SANDPOINT	ID		83864	
MEMBER	MARIA GOLPHENEE	PO BOX A	SANDPOINT	ID		83864	
5. Organized Under the Laws of: ID W 23569		6. Annual Report must be signed.* Signature: maria golphenee Name (type or print): maria golphenee Date: 02/27/2018 Title: Partner					
Processed 02/27/2018		* Electronically provided signatures are accepted as original signatures.					