No. <b>W 170396</b>		Due no later than Aug 31, 2017		2. Registered /	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.		2644 E ASP	STEVEN CASOS 2644 E ASPENWOOD CT			
		HOSPITIME, LLC. STEVEN CASOS 2644 E ASPENWOOD CT		EAGLE ID	EAGLE ID 83616  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		EAGLE ID 83616	0	3. <u>New</u> Registe	ered Agent Si	gnature.		
4. Limited Liability Compa	nies: Enter Na	mes and Addresses o	f at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	MANAGER STEVEN R CASOS		2644 E ASPENWOOD CT	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Steven R. Casos		Date:	Date: 08/31/2017			
W 170396		Name (type or print): Steven R. Casos		Title:	Title: Secretary/Treasurer			
Processed 08/31/2017 * Electronically provided signatures are accepted as original signatures.								