No. W 129317	Due no later than Sep 30, 2014	2. Registered Agent and Address (NO PO BOX)				
Return to:	Annual Report Form		DEREK RIDER			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.		745 WASHINGTON ST MONTPELIER ID 83254			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	REST ASSURED INNS & SUITES, LLC DEREK RIDER 143 BONNIEVILLE CIR		3. New Registered Agent Signature:*			
	KAYSVILLE UT 84037	3. <u>New</u> Register				
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Companies: Enter N	ames and Addresses of at least one Member or Manager.					
Office Held Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER TAMARA R		KAYSVILLE	UT	USA	84037-6746	
MEMBER DEREK RID	ER 143 BONNEVILLE CIR	KAYSVILLE	UT	USA	84037-6746	
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
		Date: 07/15/2014				
ID W 400047			Date: 07/15/2014			
W 129317	Name (type or print): Tamara Rider	Title: Partner				
Processed 07/15/2014	* Electronically provided signatures are accepted as original signatures.					