L	No. W 41073	Due no later than Jul 31, 2010	
	aturn to: SECRETARY OF STATE	Annual Report Form P.O. BOX)	2. Registered Agent and Office (NOT A
	#50 N 4th STREET	1. Mailing Address: Correct / History	PAUL L ROSS
	PO BOX 83720	GRAY CABIN, LLC	721 W LAKESHORE DR
	OISE, ID 83720-0080	704	COEUR D'ALENE ID 83814
1		721 W LAKESHORE DR	
	O FILING FEE IF	COEUR D'ALENE ID 83814	3. New Registered Agent Signature.
	ECEIVED BY DUE		Agent Signature.
		·	
7. L	mited Liability Companie	s: Enter Names and Addresses of Managers OR Members.	
	Reid Name	Street or PO 4 1	
Pr	sident/man	Street or PO Address 202 2. POSS 721 W. LAKestre Coen	City State Country Postal Code
			Fusical Code
	PAUL	L. Poss 721 W. LAKESLAR	Deve
-			1101- 0 0010
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	:		83814
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5. Or	POized Hadawat		· · · · ·
	anized Under the Laws o	f: 6.	
1	IDAHO	Signature: Faul Z Rm	
1		10001 (1411)	Date: 6/20/20
	W 41073	Name (type or print)	0/20/2010
Iscued		Name (type or print) PAUL L. Poss	Date: 6/20/2010 President Menber
1255080	05/07/2010 by LJM		(Testern) I'r Envoer
	INSTRUCTIONS FOR THE IN 105854		
	THE IDAHO ANNUAL REPORT FORM		
Block 1			
correct (hailing address is not giv	en in Block 1 strike is and the use of this form. Pay special a	itention to the matrix
wriecte	address must be inside	t be altered through the use of this form. Pay special a en in Block 1, strike it out and write in the correct address. Block 1.	Note: To ensure future melling address. If the
Mast			indungs, the
	the registere	d agent or office, strike the income to a	tina Antonio a ntonio antonio antoni

agent or office, strike the incorrect information and write in the correct information. Note: The office

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