No. C 51679 Return to:		Due no later than Jul 31, 2015 Annual Report Form		2. Registered Ag	2. Registered Agent and Address (NO PO BOX) KEVIN HOFMAISTER			
				KEVIN HOFM				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. PINES MOTEL, INC. KEVIN L HOFMAISTER 1117 MAIN AVE 4 ST. MARIES ID 83861		ST. MARIES	1117 MAIN AVE SUITE 4 ST. MARIES ID 83861 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA 83861						
4. Corporations: Enter Na	ames and Busin	ess Addresses of Pr	esident, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
TREASURER	REASURER KELLIE A HOFMAISTER		1117 MAIN AVE SUITE 4	ST. MARIES	ID	USA	83861	
SECRETARY KELLIE A HO			1117 MAIN AVE SUITE 4	ST. MARIES	ID	USA	83861	
PRESIDENT	KEVIN L HOFMAISTER		1117 MAIN AVE SUITE 4	ST. MARIES	ID	USA	83861	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Kevin Hofmaister			Date: 09/21/2015			
C 51679		Name (type or print): Kevin Hofmaister			Title: President			
Processed 09/21/2015		* Electronically pro	vided signatures are accepted as origina	al signatures.				