

No. W 18435	Due no later than Mar 31, 2013 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.		JOHN F MAGNUSON 1250 NORTHWOOD CENTER CT STE A COEUR D'ALENE ID 83814			
	A&D RESORT PROPERTIES, LLC DARYL A WOLFSWINKEL 4159 W MILKY WAY CHANDLER AZ 85226		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
MANAGER	DARYL WOLFSWINKEL	4159 W MILKY WAY	CHANDLER	AZ	USA	85226
5. Organized Under the Laws of: ID W 18435		6. Annual Report must be signed.* Signature: Daryl Wolfswinkel Name (type or print): Daryl Wolfswinkel		Date: 01/24/2013 Title: Manager		
Processed 01/24/2013		* Electronically provided signatures are accepted as original signatures.				