


<b>No. W 129</b>  Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Due no later than December 31, 2007</b> <b>Annual Report Form</b> 1. Mailing Address - Correct in this box, if applicable INNS, L.L.C. 2700 W AIRPORT WAY BOISE, ID 83705	2. Registered Agent and Office <b>NO PO BOX</b> MICHAEL N FERY 2700 W AIRPORT WAY BOISE, ID 83705  3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Michael N. Fery</td> <td>P O Box 15407</td> <td>Boise</td> <td>ID</td> <td>83715</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	Michael N. Fery	P O Box 15407	Boise	ID	83715
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
Manager	Michael N. Fery	P O Box 15407	Boise	ID	83715									
5. Organized Under the Laws of: IDAHO W 129	6. Signature  Date <u>10/10/07</u> Name (Typed or Printed) <u>Michael N. Fery</u> Title <u>Manager</u>													

Issued 10/01/2007

**Do Not Tape or Staple**

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