

|                                                                                                                                                        |               |                                                                              |       |                                                    |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------|-------|----------------------------------------------------|------------------|-------------|--|
| No. <b>W 84502</b>                                                                                                                                     |               | <b>Due no later than Jun 30, 2014</b>                                        |       | 2. Registered Agent and Address <b>(NO PO BOX)</b> |                  |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>Annual Report Form</b>                                                    |       | ROBERT LYDA SR<br>260 HWY 30<br>BLISS ID 83314     |                  |             |  |
|                                                                                                                                                        |               | <b>1. Mailing Address: Correct in this box if needed.</b>                    |       | 3. <u>New</u> Registered Agent Signature:*         |                  |             |  |
|                                                                                                                                                        |               | LYDA'S Y-INN MOTEL, LLC<br>ROBERT LYDA SR<br>PO BOX 538<br>HAGERMAN ID 83332 |       |                                                    |                  |             |  |
| 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 |  |
| MEMBER                                                                                                                                                 | ROBERT A LYDA | PO BOX 260                                                                   | BLISS | ID                                                 | USA              | 83332       |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                            |       |                                                    |                  |             |  |
| <b>ID<br/>W 84502</b>                                                                                                                                  |               | Signature: Robert A Lyda                                                     |       |                                                    | Date: 04/14/2014 |             |  |
|                                                                                                                                                        |               | Name (type or print): Robert A Lyda                                          |       |                                                    | Title: Member    |             |  |
| Processed 04/14/2014                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.    |       |                                                    |                  |             |  |