

No. W 6185 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	Annual Report Form Due No Later Than November 30, 1. Mailing Address - Please Correct, If Not Correct WOLF LODGE CREEK BED AND BREAKFAST, L.L.C. SARA R CAVANAUGH 715 N WOLF LODGE CREEK RD COEUR D'ALENE ID 83814	2. Registered Agent and Office NOT A P.O. BOX SARA R CAVANAUGH 715 N WOLF LODGE CREEK RD COEUR D'ALENE ID 83814 3. Organized Under the Laws of: W 6185																								
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Office held</th> <th style="width: 25%;">Name</th> <th style="width: 35%;">Street or P.O. Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 5%;">Zip</th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Sara R Cavanaugh</td> <td>715 N Wolf Lodge Cr Rd</td> <td>CD A</td> <td>ID</td> <td>83814</td> </tr> <tr> <td>Manager</td> <td>Tracie N. Freeman</td> <td>715 N Wolf Lodge Cr Rd</td> <td>CD A</td> <td>ID</td> <td>83814</td> </tr> <tr> <td>Manager</td> <td>David L Freeman</td> <td>715 N Wolf Lodge Cr Rd</td> <td>CD A</td> <td>ID</td> <td>83814</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	Manager	Sara R Cavanaugh	715 N Wolf Lodge Cr Rd	CD A	ID	83814	Manager	Tracie N. Freeman	715 N Wolf Lodge Cr Rd	CD A	ID	83814	Manager	David L Freeman	715 N Wolf Lodge Cr Rd	CD A	ID	83814
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5. Signature of New Registered Agent 	6. Signature Name (Typed or Printed) <u>Sara R. Cavanaugh</u> Date <u>12/18/91</u> Title <u>Manager</u>																									

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

- Please pay special attention to the mailing address. If it is incorrect, please make the appropriate corrections.
 NOTE: The name of the business entity cannot be altered on the annual report form.
 - If the registered agent has changed or moved, please make that correction on this form. The registered agent must be found IN IDAHO at a PHYSICAL ADDRESS. PO Boxes WILL NOT be accepted. If report is for a Limited Liability please refer to # 4 below.
 - Corporation: Enter names and addresses of ONLY the president, secretary, and directors in block 4.
 Limited Liability Company: Enter the names and addresses of the managers or members in block 4.
 NOTE: Putting "same as last year" WILL NOT be accepted.
 - If the registered agent has been changed in block 2, then the NEW registered agent must accept that position by signing in block 5.
 - Corporation: Block 6 must be signed by an officer or chairman of the board of the corporation. Signer must specify his or her title.
 Limited Liability Company: Block 6 must be signed by a manager or member, who must specify his or her title.
- If the business entity is no longer doing business in Idaho, please contact the Secretary of State's office at (208) 334-2301 for further instructions.

NOTE: The annual report must be received by the Office of the Secretary of State on or before November 30. Postmark date will not be accepted. Failure to timely file shall: (1) Subject a domestic corporation to administrative dissolution proceedings; (2) Subject a foreign corporation to proceedings to revoke its certificate of authority; or (3) Subject a limited liability company to cancellation of its articles of organization or certificate of registration.

DUE NO LATER THAN NOVEMBER 30