

Generated Annual Report

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No. W 71769	Due no later than 2/28/2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)												
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. HARRISON VACATIONS, LLC 530 W OLYMPIC PL #201 SEATTLE WA 98119 <i>29922 S. Candy Ln St. Maries, ID 83861-8206</i>		THOMAS L REINHARDT 29922 S CANDY LN ST MARIES ID 83861 3. New Registered Agent Signature:												
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Thomas L. Reinhardt</td> <td>29922 S. Candy Ln</td> <td>St. Maries</td> <td>ID</td> <td>83861-8206</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Zip	Manager	Thomas L. Reinhardt	29922 S. Candy Ln	St. Maries	ID	83861-8206
Office Held	Name	Street or PO Address	City	State	Zip										
Manager	Thomas L. Reinhardt	29922 S. Candy Ln	St. Maries	ID	83861-8206										
5. Organized Under the Laws of: ID W 71769	6. Annual Report must be signed. Signature: <i>Tom L Reinhardt</i> Name(type or print): <i>Thomas L. Reinhardt</i> Date: <i>2-28-09</i> Title: <i>Secretary of State</i>														