No. W 19279		Due no later than May 31, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. TWIN SPRINGS RESORT LLC SCOTT A CORKERY PO BOX 3994 KETCHUM ID 83340		2. Registered Age	2. Registered Agent and Address (NO PO BOX) SCOTT CORKERY 2538 MIDDLEFORK ROAD TWIN SPRINGS ID 83716 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				2538 MIDDLEF				
				3. <u>New</u> Registered				
4. Limited Liability Compar	nies: Enter Nar	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MEMBER	SCOTT CORKERY CONRAD SCHLUNEGGER		HCR 35 245 VENTURA AVE	TWIN SPRINGS VENTURA	ID CA	USA	83716 93003	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Scott Corkery			Date: 05/23/2016			
W 19279		Name (type or print): Scott Corkery			Title: Member			
Processed 05/23/2016 * Electronically provided signatures are accepted as original signatures.								