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|--|-------------------------------|---|---------|--|---------|------------------|--|
| No. W 48276 | | Due no later than Mar 31, 2017 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. EAGLE RIVER HOTEL, LLC DAVID L JOHNSON P.O. BOX 8506 BOISE ID 83707 USA | | C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 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 | EAGLE RIVER HOSPITALITY LLC | 3101 N CENTRAL AVE STE 1390 | PHOENIX | AZ | USA | 85012 | |
| MANAGER | EAGLE RIVER LLC A ARIZONA LLC | 3101 N CENTRAL AVE STE 1390 | PHOENIX | AZ | USA | 85012 | |
| MANAGER | JOHNSON BROTHERS HOSP LLC | P.O. BOX 8506 | BOISE | ID | USA | 83707 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| DE W 48276 | | Signature: David L. Johnson | | | | Date: 01/21/2017 | |
| | | Name (type or print): David L. Johnson | | | | Title: Manager | |
| Processed 01/21/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | | |