

No. <b>W 18638</b>		<b>Due no later than Mar 31, 2008</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		ASHLEY THOMPSON 620 N MAIN ST CASCADE ID 83611			
		<b>1. Mailing Address: Correct in this box if needed.</b> CASCADE HOTEL PROPERTY, L.L.C. KATRIN THOMPSON 208 382-4064 PO BOX 1018 CASCADE ID 83611-1018		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	ASHLEY THOMPSON	PO BOX 1018	CASCADE	ID	USA	83611	
MEMBER	KATRIN THOMPSON	PO BOX 1018	CASCADE	ID	USA	83611	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 18638</b>		Signature: Katrin Thompson			Date: 01/28/2008		
		Name (type or print): Katrin Thompson			Title: Member LLC		
Processed 01/28/2008		* Electronically provided signatures are accepted as original signatures.					