No. <b>W 81139</b>		Due no later than Feb 28, 2017		[	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  HOSPITALITY ENTERPRISES LLC JOHN LARSON 941 HACKAMORE CT NAMPA ID 83686 USA		JOHN LARSON 941 HACKAMORE CT				
				_	NAMPA ID 83686-8368  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Na	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER	JOHN W LA	RSON	941 HACKAMORE CT		Nampa	ID	USA	83686
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: JOHN LARSON			Date: 12/23/2016			
W 81139		Name (type or print): JOHN LARSON			Title: OWNER			
Processed 12/23/2016 * Electronically provided signatures are accepted as original signatures.								