| No. <b>W 3163</b>  |               | Due no later than Nov 30, 2014                                    |                           | 2. Registered Agent and Address (NO PO BOX)                  |                  |       |         |             |
|--|---------------|---|---------------------------|--|------------------|-------|---------|-------------|
| Return to:   |               | Annual Report Form  |                           | C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 |                  |       |         |             |
| SECRETARY OF STATE   |               | 1. Mailing Address: Correct in this box if needed.                |                           |  |                  |       |         |             |
| 700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080                                     |               | SHILO INN, NAMPA BLVD., LLC<br>JIM BENNETT<br>11600 SW SHILO LANE |                           |  | USA 83705        |       |         |             |
|  |               | PORTLAND OR 97225   |                           | 3. New Registered Agent Signature:*                          |                  |       |         |             |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |               |   |                           |  |                  |       |         |             |
| 4. Limited Liability Compan  | ies: Enter Na | mes and Addresses of at l   | east one Member or Manage | r.   |                  |       |         |             |
| Office Held  | Name          |   | Street or PO Address      |  | City             | State | Country | Postal Code |
| MANAGER SHILO MANA   |               | GEMENT CORPORATION  | 11600 SW SHILO RD.        |  | PORTLAND         | OR    | USA     | 97225       |
| 5. Organized Under the Laws of:  |               | 6. Annual Report must be signed.*                                 |                           |  |                  |       |         |             |
| OR<br>W 3163   |               | Signature: Mark S. Hemstreet                                      |                           |  | Date: 09/25/2014 |       |         |             |
|  |               | Name (type or print): Mark S. Hemstreet                           |                           |  | Title: Secretary |       |         |             |
| Processed 09/25/2014 * Electronically provided signatures are accepted as original signatures. |               |   |                           |  |                  |       |         |             |