| No. W 44803 | E | Due no later than Nov 30, 2010 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--------------------|---|----------------|---|------------|----------------|--|
| Return to: | | Annual Report Form | | TONYA KOPP | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 | COASTAL TE | 1. Mailing Address: Correct in this box if needed. COASTAL TRAVEL, LLC TONYA A. KOPP 1405 N. GARDEN ST. BOISE ID 83706-2315 | | 1405 N. GARDEN ST. BOISE ID 83706-2315 3. New Registered Agent Signature:* | | | |
| BOISE, ID 83720-0080 | 1405 N. GAR | | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Limited Liability Companies: Ente | r Names and Addres | ses of at least one Member or Manager. | | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| the control of the co | A KOPP M BOWLES | 11848 W MESQUITE DR 11848 W MESQUITE DR PMB 264 | BOISE BOISE | ID ID | USA USA | 83713 83713 | |
| 5. Organized Under the Laws of: | 6. Annual Repo | ort must be signed.* | | | | | |
| ID | Signature: 7 | Signature: Tonya Kopp | | Date: 09/19/2010 | | | |
| W 44803 | Name (type | Name (type or print): Tonya Kopp | | Title: Member | | | |
| Processed 09/19/2010 | * Electronically | * Electronically provided signatures are accepted as original signatures. | | | | | |