No. <b>W 119206</b>		Due no later than Nov 30, 2013		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE		Annual Report Form  1. Mailing Address: Correct in this box if needed.		DAVID E JONES 315 S ALMON				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		SAVAGE LAKE CABIN, L.L.C. DAVID W SAVAGE 640 SW CRESTVIEW PULLMAN WA 99163			MOSCOW ID 83843  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compani	ies: Enter Nai	mes and Addresses of	f at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER	DAVID W S	AVAGE	640 SE CRESTVIEW		PULLMAN	WA	USA	99163
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: David W. Savage			Date: 11/12/2013			
W 119206		Name (type or print): David W. Savage			Title: Member			
Processed 11/12/2013 * Electronically provided signatures are accepted as original signatures.								