No. **W 36323**	**Due no later than Jan 31, 2010**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** TQ POCATELLO, LLC ROBERT M QUINN HOLIDAY INN ONTARIO 1249 TAPADERA AVE ONTARIO OR 97914 USA	LARY CROOM 12460 S CARRIAGE HILL WAY NAMPA ID 83686 3. New 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
MANAGER	ROBERT M QUINN	HOLIDAY INN ONTARIO 1249 TAPADERA AVE	ONTARIO	OR	USA	97914
MANAGER	JOHN W TITCOMB, JR.	629 E LAKE SAMMAMISH SRH LN NE	SAMMAMISH	WA	USA	98074

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
WA **W 36323**	Signature: Barbara E Johnson	Date: 12/29/2009
	Name (type or print): Barbara E Johnson	Title: Controller

Processed 12/29/2009

* Electronically provided signatures are accepted as original signatures.