

|                                                                                                                                                        |                |                                                                                                                                                   |        |                                                     |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------|---------|------------------|--|
| No. <b>W 92855</b>                                                                                                                                     |                | <b>Due no later than Apr 30, 2018</b>                                                                                                             |        | 2. Registered Agent and Address <b>(NO PO BOX)</b>  |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>A FIVE STAR MAINTENANCE, LLC<br>KEVIN E WILSON<br>PO BOX 1641<br>HAILEY ID 83333 |        | KEVIN E WILSON<br>1020 WAR EAGLE<br>HAILEY ID 83333 |         |                  |  |
|                                                                                                                                                        |                |                                                                                                                                                   |        | 3. <u>New</u> 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                                                                                                                                                | KEVIN E WILSON | P.O. BOX 1641 1020 WAR EAGLE DR                                                                                                                   | HAILEY | ID                                                  | USA     | 83333            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                 |        |                                                     |         |                  |  |
| <b>ID<br/>W 92855</b>                                                                                                                                  |                | Signature: kevin e wilson                                                                                                                         |        |                                                     |         | Date: 03/01/2018 |  |
|                                                                                                                                                        |                | Name (type or print): kevin e wilson                                                                                                              |        |                                                     |         | Title: Manager   |  |
| Processed 03/01/2018                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                         |        |                                                     |         |                  |  |