No. W 445		Due no later than Jul 31, 2009		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		RALPH FRANCIS				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed LAKESIDE LODGE OPERATING COMPANY, L.C. CARL L HANSEN P. O. BOX 27687 SALT LAKE CITY UT 84127-0687		1405 PRESTO DR IDAHO FALLS ID 83402 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compare	nies: Enter Nar	mes and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address		City	State	Country	Postal Code	
MANAGER CARL L HAN		NSEN P. O. BOX 27687		SALT LAKE CITY	υT	USA	84127-0687	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
UT W 445		Signature: C. Kim Anderson	on Date: 06/10/2009					
		Name (type or print): C. Kim Anderson		Title: Controller				
Processed 06/10/2009 * Electronically provided signatures are accepted as original signatures.								