No. W 182907	Due no later than May 31, 2018	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	CLIFFORD E MORT			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	1950 W BELLERIVE LANE UNIT 107 COEUR D ALENE ID 83814			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SEASONS AT SANDPOINT SPA LLC CLIFFORD E MORT 1950 W BELLERIVE LANE UNIT 107	3. New Registered Agent Signature:*			
	COEUR D ALENE ID 83814				
NO FILING FEE IF RECEIVED BY DUE DATE					
4. Limited Liability Companies: Enter Na	mes and Addresses of at least one Member or Manager.				
Office Held Name	Street or PO Address	City	State	Country	Postal Code
MEMBER CLIFFORD E MORT 1950 W BELLERIVE LANE UNIT 107		COEUR D ALENE	ID	USA	83814
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: janae gravelle	Date: 04/06/2018			
W 182907	Name (type or print): janae gravelle	Title: bookkeeper			
Processed 04/06/2018	* Electronically provided signatures are accepted as original signatures.				