

No. W 32780

Due no later than August 31, 2005

Annual Report Form

1. Mailing Address - Correct in this box, if applicable

CASCADE VACATION RENTALS, LLC
PO BOX 942
CASCADE, ID 83611

2. Registered Agent and Office NO PO BOX

JACKIE LEE
519 N MAIN ST
CASCADE, ID 83611

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held

Name

Street or P.O. Address

City

State

Zip

Manager Jackie Lee P.O. Box 942 Cascade Id 83611

5. Organized Under the Laws of:

IDAHO
W 32780

6.

Signature

Name (Type or Print)

Jackie Lee

Jackie Lee

Date

7/19/05

Title

Manager

Issued 06/01/2005

Do Not Tape or Staple

200508000814