No. **C 100341**	**Due no later than Dec 31, 2012**	2. Registered Agent and Address **(NO PO BOX)**

Return to:	**Annual Report Form**	DANIEL CROXALL

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

**NO FILING FEE IF
RECEIVED BY DUE DATE**

1. Mailing Address: Correct in this box if needed.

POCATELLO HOSPITALITY, INC.
ROBERT M QUINN
1249 TAPADERA AVE
ONTARIO OR 97914
USA

2. Registered Agent and Address **(NO PO BOX)**

DANIEL CROXALL
1500 MOUNTAIN SHADOWS
POCATELLO ID 83204

3. <u>New</u> Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	ROBERT M QUINN	1087 NW 2ND AVE	ONTARIO	OR	USA	97914
SECRETARY	LARY CROOM	2987 SILVERWOOD PLACE	POCATELLO	ID	USA	83206
PRESIDENT	ROBERT M QUINN	1087 NW 2ND AVE	ONARIO	OR	USA	97914

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 100341**	Signature: Barbara E Johnson	Date: 11/05/2012
	Name (type or print): Barbara E Johnson	Title: Controller

Processed 11/05/2012	* Electronically provided signatures are accepted as original signatures.