No. <b>W 1712</b>				2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		RALPH FRANCES			
SECRETARY OF STATE		1. Mailing Address: Correct in this box if needed.		1405 PAESTO #7 IDAHO FALLS ID 83401			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		LAKESIDE BED & BREAKFAST, L.C. CARL L HANSEN 3760 WEST COMMONS LANE		IDALIO I ALLO ID 05401			
		SALT LAKE CITY UT	84104	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
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
MEMBER CARL L HAN		NSEN	3760 WEST COMMONS LANE	SALT LAKE CITY	UΤ	USA	84104
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
υτ		Signature: Kobri S. Thorpe		Date: 09/28/2009			
W 1712		Name (type or print): Kobri S. Thorpe		Title: Accounting			
Processed 09/28/2009 * Electronically provided signatures are accepted as original signatures.							