

No. W 108232	Due no later than Nov 30, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
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. ASPEN GROVE INN LLC STEVEN R PARRY PO BOX 51630 IDAHO FALLS ID 83405-1630		STEVEN R PARRY 490 MEMORIAL DR 2ND FLOOR IDAHO FALLS ID 83402			
			3. <u>New</u> Registered Agent Signature:*			
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
MANAGER	SHARON D. PARRY	105 N 5050 E	RIGBY	ID	USA	83442
MANAGER	STEVEN R. PARRY	PO BOX 51630	IDAHO FALLS	ID	USA	83405-1630
5. Organized Under the Laws of: ID W 108232	6. Annual Report must be signed.* Signature: Steven R. Parry Name (type or print): Steven R. Parry		Date: 09/19/2017 Title: Manager			
Processed 09/19/2017		* Electronically provided signatures are accepted as original signatures.				