No. W 68169	Reinstatement Annual Report Form ADMIN DISSOLVED 01/05/2010	2. Registered Agent and Office (NOT A P.O. BOX) Ben Reeder ~~RICHARD J COMSTOCK~~ ~~915 LICK CREEK~~ 659 Brady MCCALL ID 83638
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. LAKESIDE VACATION RENTALS LLC PO BOX 433 MCCALL ID 83638	3. New Registered Agent Signature. Ben Reeder
REINSTATEMENT FEE DUE: $30.00		

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

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
Owner	Ben Reeder	PO Box 433	McCall	ID	USA	83638
Owner	Luke Crawford	PO Box 433	McCall	ID	USA	83638

5. Organized Under the Laws of:	6.
IDAHO W 68169	Signature: Ben Reeder Date: 1/10/10 Name (type or print): Ben Reeder Title: Owner

Issued 01/07/2010 by DK1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management. **Note:** Do not put **"same as last year" or "same as above". These will not be accepted.**

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.