

No. <b>W 132215</b>		<b>Due no later than Dec 31, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  HOLIDAY AL MANAGEMENT SUB LLC 5885 MEADOW RD. SUITE 500 LAKE OSWEGO OR 97035		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	DEMETRIOS TSERPELIS	5885 MEADOW RD. SUITE 500 1345 AVENUE OF AMERICAS 46TH FLOOR	LAKE OSWEGO	OR	USA	97035	
MANAGER	RANDAL NARDONE		NEW YORK	NY	USA	10105	
MANAGER	DAVID N. BROOKS	1345 AVENUE OF THE AMERICAS 46TH FLOOR	NEW YORK	NY	USA	10105	
5. Organized Under the Laws of:  <b>DE</b> <b>W 132215</b>		6. Annual Report must be signed.*  Signature: Michelle Donato Name (type or print): Michelle Donato					
		Date: 11/09/2015 Title: POA					
Processed 11/09/2015		* Electronically provided signatures are accepted as original signatures.					