

No. <b>W 108232</b>	<b>Due no later than Nov 30, 2016</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> 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	STEVEN R. PARRY	PO BOX 51630	IDAHO FALLS	ID	USA	83405-1630
5. Organized Under the Laws of:  <b>ID</b> <b>W 108232</b>	6. Annual Report must be signed.* Signature: Steven R. Parry Name (type or print): Steven R. Parry		Date: 10/10/2016 Title: Manager			
Processed 10/10/2016		* Electronically provided signatures are accepted as original signatures.				