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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------------------------------|---------|------------------|--|
| No. <b>W 783</b>                                                                                                                                       |                 | <b>Due no later than Jan 31, 2017</b>                                                                                                                            |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>                                  |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>JOHNSON BROTHERS HOSPITALITY, L.L.C.<br>DAVID L JOHNSON<br>PO BOX 8506<br>BOISE ID 83707<br>USA |       | DAVID L JOHNSON<br>1025 SOUTH BRIDGEWAY PLACE<br>C/O SANDRA CLAPP<br>EAGLE ID 83616 |         |                  |  |
|                                                                                                                                                        |                 |                                                                                                                                                                  |       | 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                                                                                                                                                | DAVID L JOHNSON | PO BOX 8506                                                                                                                                                      | BOISE | ID                                                                                  | USA     | 83707            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                                                |       |                                                                                     |         |                  |  |
| <b>ID<br/>W 783</b>                                                                                                                                    |                 | Signature: David L. Johnson                                                                                                                                      |       |                                                                                     |         | Date: 11/23/2016 |  |
|                                                                                                                                                        |                 | Name (type or print): David L. Johnson                                                                                                                           |       |                                                                                     |         | Title: Manager   |  |
| Processed 11/23/2016                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                        |       |                                                                                     |         |                  |  |