No. **W 18638**	**Due no later than Mar 31, 2015**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** CASCADE HOTEL PROPERTY, L.L.C. KATRIN THOMPSON 208 634-6994 PO BOX 1018 CASCADE ID 83611-1018	ASHLEY THOMPSON 620 N MAIN ST CASCADE 83611 3. New 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
MEMBER	ASHLEY THOMPSON	PO BOX 1018	CASCADE	ID		83611
MEMBER	KATRIN THOMPSON	PO BOX 1018	CASCADE	ID		83611

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 18638**	Signature: Ashley Thompson	Date: 01/17/2015
	Name (type or print): Ashley Thompson	Title: Member- Agent

Processed 01/17/2015

* Electronically provided signatures are accepted as original signatures.