| No. W 98217 | Due no later than Nov 30, 2015 | | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------|---------------------------------|---------------------------------------------|---------|-------------|--|
| Return to: | Annual Report Form | | to account to the second of the | LASHELLE D WILSON | | | |
| SECRETARY OF STATE | 1. Mailing Address: Correct in this box if needed. | | | 1094 CRUMARINE LOOP MOSCOW ID 83843 | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | SEISON'S LAKE HOUSE, LLC LASHELLE D WILSON 1094 CRUMARINE LOOP | | MOSCOW IL | | | | |
| | MOSCOW ID 83843 | | 3. <u>New</u> Register | 3. <u>New</u> Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 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 LASHELLE [| WILSON | 1094 CRUMARINE LOOP | MOSCOW | ID | USA | 83843 | |
| 5. Organized Under the Laws of: | 6. Annual Report | t must be signed.* | | | | | |
| ID | Signature: Las | shelle Wilson | | Date: 11/27/2015 | | | |
| W 98217 | Name (type or | | Title: Co-Owner | | | | |
| Processed 11/27/2015 | * Electronically provided signatures are accepted as original signatures. | | | | | | |