

No. W 18639		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		ASHLEY THOMPSON 620 N MAIN ST CASCADE 83611	
		1. Mailing Address: Correct in this box if needed. ASHLEY INN, L.L.C. KATRIN THOMPSON 208 634-6994 PO BOX 1018 CASCADE ID 83611-1018		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
MEMBER	ASHLEY THOMPSON	PO BOX 1018	CASCADE	ID	83611
MEMBER	KATRIN THOMPSON	PO BOX 1018	CASCADE	ID	83611
5. Organized Under the Laws of: ID W 18639		6. Annual Report must be signed.* Signature: Ashley Thmpson Name (type or print): Ashley Thmpson Date: 01/17/2015 Title: Member-Agent			
Processed 01/17/2015		* Electronically provided signatures are accepted as original signatures.			