No. <b>W 75145</b>		Due no later than Jun 30, 2014	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form BLAKE F PALEN					
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed.  255 E PORTNEUF ST LAVA HOT SPRINGS ID 83246					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	GAIL E PAI	HOT SPRINGS RESORTS LLC GAIL E PALEN PO BOX 127		LAVATIOT STRINGS ID 03240			
	LAVA HOT S	SPRINGS ID 83246	3. <u>New</u> Registere	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA	USA					
4. Limited Liability Companies: Ente	r Names and Addres	sses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	F PALEN	2648 REED RD	HOOD RIVER	OR	USA	97031	
MEMBER GAIL ELAINE PALEN		2648 REED RD	HOOD RIVER	OR	USA	97031	
5. Organized Under the Laws of: 6. Annual Rep		ort must be signed.*					
<b>ID</b> Signature		Gail Elaine Palen Date: 07/10/2014					
W 75145	Name (type	e or print): Gail Elaine Palen		Title: Member			
Processed 07/10/2014	* Electronically	* Electronically provided signatures are accepted as original signatures.					