

No. W 84321		Due no later than May 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. WAKE UP LAKE TOURS, LLC SARAH MOTT N 27900 GOODHOPE RD ATHOL ID 83801		SARAH MOTT N 27900 GOODHOPE RD ATHOL ID 83801			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name SARAH D MOTT	Street or PO Address N. 27900 GOODHOPE RD		City ATHOL	State ID	Country USA	Postal Code 83801
5. Organized Under the Laws of: ID W 84321		6. Annual Report must be signed.* Signature: sarah mott Name (type or print): sarah mott Date: 05/25/2015 Title: manager					
Processed 05/25/2015 * Electronically provided signatures are accepted as original signatures.							