No. W 113282 Return to:		Due no later than Apr 30, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. WATERMARK INN, LLC ADAM J BEAUPRE PO BOX 128 CHALLIS ID 83226-0128			2. Registered Agent and Address (NO PO BOX) JAMES P SPECK			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				KETCHUM I	120 EAST AVE N KETCHUM ID 83340 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp	oanies: Enter Nai	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	Manager adam j beaupre		810 E. NORTH AVENUE	CHALLIS	ID	USA	83226-0128	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Adam Beaupre			Date: 02/18/2014			
W 113282		Name (type or print): Adam Beaupre			Title: Manager			
Processed 02/18/2014 * Electronically provided signatures are accepted as original signatures.								