No. W 24790		Due no later than Jun 30, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. VACATION CREATIONS, LLC KATJA CASSON PO BOX 3495 HAILEY ID 83333		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				KATJA CASSON 216 WEST BULLION STREET HAILEY ID 83333 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		USA nes and Addresses of at least one Memb	per or Manager.				
Office Held	Name	Street or PO A	10 to	City	State	Country	Postal Code
MEMBER KATJA CASS		ON PO BOX 3495		HAILEY	ID		83333
5. Organized Under the Laws of: ID W 24790		6. Annual Report must be signed.* Signature: Katja Casson Name (type or print): Katja Casson	Date: 05/06/2015 Title: Member				
* Electronically provided signatures are accepted as original signatures.							