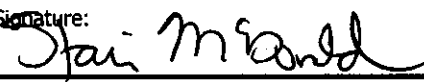
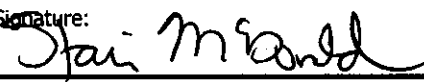
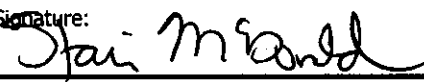


No. W 2936	Due no later than Sep 30, 2013 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA																												
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. SHILO INN, NAMPA SUITES, LLC RACHEL A GORST <i>Sharon Murray</i> 11600 SW SHILO LANE PORTLAND OR 97225 USA		3. <u>New</u> Registered Agent Signature.																												
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																															
<table style="width: 100%; border: none;"> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																					
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<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"><i>Cascade Hotel corp. 11600 SW Shilo Lane Portland, OR USA 97225</i></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> </table>				Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>Cascade Hotel corp. 11600 SW Shilo Lane Portland, OR USA 97225</i>						Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> OREGON W 2936 </div>		6. <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <div style="text-align: center; font-size: 1.2em;"> 9-13-13 </div> </td> </tr> <tr> <td> Name (type or print): <i>Staci McDonald</i> </td> <td> Title: <i>Vice President</i> </td> </tr> </table>		Signature: 	Date: <div style="text-align: center; font-size: 1.2em;"> 9-13-13 </div>	Name (type or print): <i>Staci McDonald</i>	Title: <i>Vice President</i>																								
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Issued 09/10/2013 by KAH		126326																													

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM