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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------|---------------------|
| No. <b>W 60646</b>                                                                                                                                     |            | <b>Due no later than Mar 31, 2018</b>                                                                                                                                                 |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>  |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |            | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>VACATION PROPERTIES, LLC<br>BRIAN KING<br>877 W. MAIN STREET #603<br>BOISE ID 83702 |       | JEFF CLIFF<br>1999 SILVERCREEK LN<br>BOISE ID 83706 |                     |
|                                                                                                                                                        |            |                                                                                                                                                                                       |       | 3. <u>New</u> Registered Agent Signature:*          |                     |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |            |                                                                                                                                                                                       |       |                                                     |                     |
| Office Held                                                                                                                                            | Name       | Street or PO Address                                                                                                                                                                  | City  | State                                               | Country Postal Code |
| MEMBER                                                                                                                                                 | BRIAN KING | 436 W TWO RIVERS DR                                                                                                                                                                   | EAGLE | ID                                                  | 83616               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 60646</b>                                                                                           |            | 6. Annual Report must be signed.*<br>Signature: BRIAN KING<br>Name (type or print): BRIAN KING<br>Date: 01/22/2018<br>Title: MEMBER                                                   |       |                                                     |                     |
| Processed 01/22/2018                                                                                                                                   |            | * Electronically provided signatures are accepted as original signatures.                                                                                                             |       |                                                     |                     |