| No. W 67565 | | Due no later than Oct 31, 2012 | | 2 | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------|---|----------------------|----|---|-------|---------|-------------|
| Return to: | | Annual Report Form | | | JULIE A BOISSEAU | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON | | 1. Mailing Address: Correct in this box if needed. | | d. | 273 EAST 5500 SOUTH VICTOR ID 83455 | | | |
| PO BOX 83720 BOISE, ID 83720-0080 | | FOX CREEK INN LLC JULIE A BOISSEAU 273 EAST 5500 SOUT | | | | | | |
| | | VICTOR ID 83455 | | 3 | 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 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 |
| MANAGER JULIE A BOI | | ISSEAU | 27 EAST 550 SOUTH | | VICTOR | ID | USA | 83455 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Julie A Boisseau | | | Date: 09/10/2012 | | | |
| W 67565 | | Name (type or print): Julie A Boisseau | | | Title: Manager | | | |
| Processed 09/10/2012 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |