

|                                                                                                                                                        |                |                                                                                                                                                                           |       |                                                             |         |                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------|---------|-------------------|--|
| No. <b>W 53171</b>                                                                                                                                     |                | <b>Due no later than Aug 31, 2011</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>1. Mailing Address: Correct in this box if needed.</b><br>RENAISSANCE EXECUTIVE SUITES L.L.C.<br>CHAD VINCENT<br>2537 W STATE STREET, STE 110<br>BOISE ID 83702<br>USA |       | CHAD S VINCENT<br>2537 W STATE ST STE 110<br>BOISE ID 83702 |         |                   |  |
|                                                                                                                                                        |                |                                                                                                                                                                           |       | 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       |  |
| MANAGER                                                                                                                                                | CHAD S VINCENT | 2537 W STATE STREET, STE 110                                                                                                                                              | BOISE | ID                                                          | USA     | 83702             |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                                         |       |                                                             |         |                   |  |
| <b>ID<br/>W 53171</b>                                                                                                                                  |                | Signature: Trina Gorseth                                                                                                                                                  |       |                                                             |         | Date: 06/14/2011  |  |
|                                                                                                                                                        |                | Name (type or print): Trina Gorseth                                                                                                                                       |       |                                                             |         | Title: Bookkeeper |  |
| Processed 06/14/2011                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                 |       |                                                             |         |                   |  |