

No. <b>W 98217</b>	<b>Due no later than Nov 30, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> SEISON'S LAKE HOUSE, LLC LASHELLE D WILSON 1094 CRUMARINE LOOP MOSCOW ID 83843		LASHELLE D WILSON 1094 CRUMARINE LOOP MOSCOW ID 83843			
			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	LASHELLE D WILSON	1094 CRUMARINE LOOP	MOSCOW	ID	USA	83843
5. Organized Under the Laws of:  <b>ID W 98217</b>	6. Annual Report must be signed.* Signature: Lashelle Wilson Name (type or print): Lashelle Wilson		Date: 11/26/2016 Title: Owner			
Processed 11/26/2016		* Electronically provided signatures are accepted as original signatures.				