

|                                                                                                                                                        |                   |                                                                                                                                                          |       |                                                              |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------|---------|------------------|--|
| No. <b>W 34795</b>                                                                                                                                     |                   | <b>Due no later than Nov 30, 2014</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>IDAHORESORTRENTALS.COM, LLC<br>MATTHEW CASTRIGNO<br>3200 N GLEN STUART LN<br>EAGLE ID 83616 |       | MATTHEW CASTRIGNO<br>3200 N GLEN STUART LN<br>EAGLE ID 83616 |         |                  |  |
|                                                                                                                                                        |                   |                                                                                                                                                          |       | 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                                                                                                                                                 | MELISSA CASTRIGNO | 3200 N GLEN STUART LANE                                                                                                                                  | EAGLE | ID                                                           | USA     | 83616            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                   | 6. Annual Report must be signed.*                                                                                                                        |       |                                                              |         |                  |  |
| <b>ID<br/>W 34795</b>                                                                                                                                  |                   | Signature: Matthew Castrigno                                                                                                                             |       |                                                              |         | Date: 09/17/2014 |  |
|                                                                                                                                                        |                   | Name (type or print): Matthew Castrigno                                                                                                                  |       |                                                              |         | Title: Manager   |  |
| Processed 09/17/2014                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                |       |                                                              |         |                  |  |