No. <b>W 164535</b>		Due no later than Mar 31, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  LAKESIDE LODGE & RESORT, LLC PO BOX 1293 TWIN FALLS ID 83303		JOHN A COLEMAN 401 GOODING ST N STE 201 TWIN FALLS ID 83301  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar		nos and Addresses of at least one Membre	per or Manager				
Office Held	Name	Street or PO		City	State	Country	Postal Code
MEMBER BLAINE MILL		ER 401 GOODING	ST N SUITE 201	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:  ID  W 164535		6. Annual Report must be signed.* Signature: David E Coleman Name (type or print): David E Colem	Date: 02/21/2018 Title: Bookkeeper				
Processed 02/21/2018		* Electronically provided signatures are accepted as original signatures.					