

|  |                   |   |         |  |                     |
|--|-------------------|---|---------|--|---------------------|
| No. <b>W 33793</b>   |                   | <b>Due no later than Oct 31, 2016</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>HAILEY HOTEL, LLC<br>JERROLD T LUNDQUIST<br>PO BOX 9498<br>JACKSON WY 83002 |         | SCOTT ANDERSON<br>201 S MAIN ST<br>HAILEY ID 83333 |                     |
|  |                   |   |         | 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  | JERROLD LUNDQUIST | PO BOX 9498   | JACKSON | WY   | 83002               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 33793</b>   |                   | 6. Annual Report must be signed.*<br>Signature: Jerrold T. Lundquist<br>Name (type or print): Jerrold T. Lundquist<br><br>Date: 10/26/2016<br>Title: Manager                  |         |  |                     |
| Processed 10/26/2016   |                   | * Electronically provided signatures are accepted as original signatures.   |         |  |                     |