


No. W 111701 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Mar 31, 2013 Annual Report Form 1. Mailing Address: Correct in this box if needed. SHIV SHAKTI HOSPITALITY, LLC 2303 N 4TH ST COEUR D'ALENE ID 83814 Shiv Shakti Hospitality, LLC 291, W Burnside Ave. Chubbuck, ID 83202	2. Registered Agent and Office (NOT A P.O. BOX) RAKESH PATEL 291 W BURNSIDE AVE CHUBBUCK ID 83202 3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Rakesh Patel</td> <td>291-W Burnside Ave</td> <td>Chubbuck</td> <td>ID</td> <td></td> <td>83202</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>NILAM Patel</td> <td>291-W Burnside Ave</td> <td>Chubbuck</td> <td>ID</td> <td></td> <td>83202</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Rakesh Patel	291-W Burnside Ave	Chubbuck	ID		83202	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	NILAM Patel	291-W Burnside Ave	Chubbuck	ID		83202	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 111701	6. Signature:  Name (type or print): <u>NILAM PATEL</u> Date: <u>4/15/2013</u> Title: <u>Manager & member</u>																																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM