No. W 81454 Return to:		Due no later than Feb 29, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. MISSION INN LLC ANN M WARE PO BOX 94 CATALDO ID 83810			2. Registered Agent and Address (NO PO BOX) SCOTT L POORMAN 8884 N GOVERNMENT WAY #1 HAYDEN ID 83835 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				HAYDEN ID				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Nai	mes and Addresses of	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	ANN MARIE	WARE	9627 S. BENTLEY CREEK RD.	CATALDO	ID	USA	83810	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Ann M. Ware			Date: 12/21/2015			
W 81454		Name (type or print): Ann M. Ware		Title: Officer				
Processed 12/21/2015 * Electronically provided signatures are accepted as original signatures.								