

|                                                                                                                                                        |            |                                                                                                                                                 |       |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 134950</b>                                                                                                                                    |            | <b>Due no later than Mar 31, 2017</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>MOUNTAIN VIEW LUXURY CABINS L.L.C.<br>JEFF MAY<br>4403 TURK LANE<br>ATHOL ID 83801 |       | JEFF MAY<br>4403 TURK LANE<br>ATHOL ID 83801       |         |             |  |
|                                                                                                                                                        |            |                                                                                                                                                 |       | 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                                                                                                                                                 | KINDRA MAY | 4403 TURK LANE                                                                                                                                  | ATHOL | ID                                                 | USA     | 83801       |  |
| MANAGER                                                                                                                                                | JEFF MAY   | 4403 TURK LANE                                                                                                                                  | ATHOL | ID                                                 | USA     | 83801       |  |
| 5. Organized Under the Laws of:<br><b>ID<br/>W 134950</b>                                                                                              |            | 6. Annual Report must be signed.*<br>Signature: Jeff May<br>Name (type or print): Jeff May                                                      |       |                                                    |         |             |  |
|                                                                                                                                                        |            | Date: 01/23/2017<br>Title: owner                                                                                                                |       |                                                    |         |             |  |
| Processed 01/23/2017                                                                                                                                   |            | * Electronically provided signatures are accepted as original signatures.                                                                       |       |                                                    |         |             |  |