No. **W 23569**	**Due no later than Apr 30, 2011**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** SANDPOINT VACATION RENTALS LLC MARIA GOLPHENEE PO BOX A SANDPOINT ID 83864	MARIA GOLPHENEE 389 UPLAND DR SANDPOINT ID 83864 3. New 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	BRAD GOLPHENEE	PO BOX A	SANDPOINT	ID	USA	83864
MEMBER	MARIA GOLPHENEE	PO BOX A	SANDPOINT	ID	USA	83864

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 23569**	Signature: Maria Golphenee	Date: 03/07/2011
	Name (type or print): Maria Golphenee	Title: Member

Processed 03/07/2011

* Electronically provided signatures are accepted as original signatures.