No. <b>W 2605</b>		Due no later than Jun 30, 2009 Annual Report Form		2. Registered	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				1.C E TDTCI	ALLEN KIESTER 16 E TRISH DR PINE ID 83647  3. New Registered Agent Signature:*			
		1. Mailing Address: Correct in this box if needed.  PINE RESORT, LLC  ALLEN KIESTER  54 E NESTER DR  PINE ID 83647		PINE ID 8				
4. Limited Liability Compa	anies: Enter Nar	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	PATRICIA KIESTER		16 E. TRISH DR	PINE	ID	USA	83647	
MEMBER	DARLENE SC	CHOEN	64 W. BROOKDALE	PINE	ID	USA	83647	
MEMBER GARY SCHOI		EN	64 W. BROOKDALE	PINE	ID	USA	83647	
MEMBER	R ALLEN KIESTER		16 E. TRISH DR.	PINE	ID	USA	83647	
MEMBER	ERCELL JEX HEPWORTH		708 E RIVERVIEW CIR	PINE	ID	USA	83647	
MEMBER	JEANNINE HEPWORTH		708 E RIVERVIEW CIR	PINE	ID	USA	83647	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Allen Kiester			Date: 04/29/2009			
W 2605		Name (type or print): Allen Kiester			Title: Member			
Processed 04/29/2009		* Electronically provided	signatures are accepted as origina	l signatures.				