	т -	<del></del>		
No. W 80182		Due no later than Dec 31, 2013 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX)	
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	SHIL RACI 1160	iling Address: Correct in this box if needed. O INN, BOISE RIVERSIDE, LLC IEL A GORST Starmen Murrey O SW SHILO LN LAND OR 97225 USA	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA	
NO FILING FEE IF RECEIVED BY DUE DATE			3. New Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.				
Manager or Member Name Street or PO Address City State Country Postal Code				
Manager Member [ Cascade Hotel Corporation 11600 SU Shi lo Lane Pyla De 9723				
Manager Member				
Manager Member				
Manager Member				
5. Organized Under the Laws of:		6.		
OREGON		Signature:	Date:	
W 80182		Mach of Hemstell	13/13/13	
AA 00105		Name (type or print):		
7		_ I lark & Hem Street	Secretary	
Issued 12/12/2013 by KAH / 121226				
INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM				
<b>Block 1: Entity name may not be altered through the use of this form.</b> Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. <b>Note:</b> To ensure future mailings, the corrected address <b>must</b> be inside Block 1.				
<b>Block 2:</b> To change the registered agent or office, strike the incorrect information and write in the correct information. <b>Note:</b> The office of the registered agent must be at a street address in Idaho, <b>not a Post Office Box or Personal Mail Box.</b>				
Block 3: Only a <u>new</u> registered agent must sign in Block 3.				
Block 4: Check either Member or Manager. Enter names and business addresses of managers or members of the limited liability company. Note: <u>DO NOT</u> put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. If more space is needed please add an attachment.				
Block 5: May not be altered through the use of this form.				
<b>Block 6:</b> The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.				
** The image of this form will be available on the internet once it has been filed. DO <u>NOT</u> enter Social Security numbers.				
If the limited liability company is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the limited liability company to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.				
If the document is incorrect, is there a telephone number to reach you for corrections?				

POSTMARK DATES WILL NOT BE ACCEPTED