| No. W 72808 | | Due no later than Mar 31, 2015 | 2. Registered Agent and Address (NO PO BOX) GARY GAIGE | | | | |
|--|--------------------|--|---|--|---------|-------------|--|
| Return to: | | Annual Report Form | | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. IDAHO MOUNTAIN RETREAT LLC GARY GAIGE 550 W DEER FLAT ROAD KUNA ID 83634 | KUNA 8 | 550 W DEER FLAT ROAD KUNA 83634 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 200 | mpanies: Enter Nai | mes and Addresses of at least one Member or Manager. | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER GARY GAIGE | | 550 W DEER FLAT ROAD | KUNA | ID | | 83634 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID | | Signature: Gary Gaige | Date: 03/30/2015 | | | | |
| W 72808 | | Name (type or print): Gary Gaige | Title: member | | | | |
| Processed 03/30/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | | |