No. <b>W 71769</b>		Due no later than Feb 28, 2011 Annual Report Form  1. Mailing Address: Correct in this box if needed.  HARRISON VACATIONS, LLC 29922 S CANDY LN ST MARIES ID 83861-8206		2	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					THOMAS L REINHARDT 29922 S CANDY LN ST MARIES ID 83861  3. New Registered Agent Signature:*			
4. Limited Liability Companies: Enter Nat Office Held Name MEMBER THOMAS L			at least one Member or Manager. Street or PO Address 29922 S CANDY LN 29922 S CANDY LN		City ST MARIES ST MARIES	State ID ID	Country USA USA	Postal Code 83861-8206 83861
5. Organized Under the Laws of:  ID  W 71769		6. Annual Report must be signed.* Signature: Thomas L Reinhardt Name (type or print): Thomas L Reinhardt			Date: 02/18/2011 Title: Member			
Processed 02/18/2011		* Electronically provide	ded signatures are accepted as origii	inal signat	tures.			