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| No. W 66148 | Due no later than Aug 31, 2017 Annual Report Form | | 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. Mailing Address: Correct in this box if needed. ANTELOPE MOUNTAIN RESORT, LLC STEVEN O. ANDERSON 720 W BOONE STE 200 SPOKANE WA 99201 | | MARY K RUSSELL 293 LOWER MOSQUITO CREEK RD CLARK FORK ID 83811 | | | |
| | | | 3. <u>New</u> 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 |
| MANAGER | MARY K RUSSELL | 639 NE RIVERPOINT BLVD APT 203 | SPOKANE | WA | | 99202 |
| MANAGER | ROBERT L. RUSSELL | 639 NE RIVERPOINT BLVD APT 20 | SPOKANE | WA | USA | 99202 |
| 5. Organized Under the Laws of: ID W 66148 | 6. Annual Report must be signed.* Signature: Mary K Russell Name (type or print): Mary K Russell | | Date: 08/14/2017 Title: Manager | | | |
| Processed 08/14/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | |