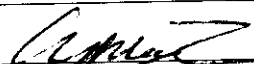


No. W 18639	Due no later than Mar 31, 2003 Annual Report Form	2. Registered Agent and Office NO PO BOX ASHLEY THOMPSON 620 N MAIN ST CASCADE, ID 83611																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable ASHLEY INN, L.L.C. PO BOX 1018 CASCADE, ID 83611	3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>MEMBER</td> <td>ASHLEY THOMPSON</td> <td>PO 1018</td> <td>CASCADE</td> <td>ID</td> <td>83611</td> </tr> <tr> <td>MEMBER</td> <td>KATRIN THOMPSON</td> <td>PO 1018</td> <td>CASCADE</td> <td>ID</td> <td>83611</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	MEMBER	ASHLEY THOMPSON	PO 1018	CASCADE	ID	83611	MEMBER	KATRIN THOMPSON	PO 1018	CASCADE	ID	83611
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MEMBER	KATRIN THOMPSON	PO 1018	CASCADE	ID	83611															
5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 18639</div>	6. Signature  <div style="display: flex; justify-content: space-between;"> <div> Date <u>1/14/2003</u> Name <small>(Typed or Printed)</small> <u>ASHLEY THOMPSON</u> </div> <div> Title <u>Reg. Agent</u> </div> </div>																			