No. W 1712		Due no later than Nov 30, 2010		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		RALPH FRANCES			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. LAKESIDE BED & BREAKFAST, L.C. CARL L HANSEN 3760 WEST COMMONS LANE P.O. BOX # 27687 SALT LAKE CITY UT 84104 USA		1405 PAESTO #7 IDAHO FALLS ID 83401			
NO FILING FEE IF RECEIVED BY DUE DATE				3. New Registered Agent Signature:*			
4. Limited Liability Co	mpanies: Enter Nar	mes and Addresses of at	least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MEMBER	BRYAN C HA	ANSEN	3760 WEST COMMONS LANE P.O. BOX # 27687	SALI LAKE CITY		USA	84104
MANAGER	CARL L HAN	ISEN	3760 WEST COMMONS LANE P.O. BOX # 27687	SALT LAKE CITY	UΤ	USA	84104
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
υτ		Signature: Kobri S. Thorpe		Date: 09/10/2010			
W 1712		Name (type or print): Kobri S. Thorpe		Title: Office Admin.			
Processed 09/10/201	.0	* Electronically provided	signatures are accepted as original signa	itures.			•