

No. W 24790	Due no later than Jun 30, 2014 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. VACATION CREATIONS, LLC KATJA CASSON PO BOX 3495 HAILEY ID 83333 USA		KATJA CASSON 2660 WOODSIDE BLVD HAILEY ID 83333			
			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
MEMBER	KATJA CASSON	PO BOX 3495	HAILEY	ID	USA	83333
5. Organized Under the Laws of: ID W 24790		6. Annual Report must be signed.* Signature: Katja Casson Name (type or print): Katja Casson		Date: 04/19/2014 Title: Member		
Processed 04/19/2014		* Electronically provided signatures are accepted as original signatures.				