

|  |                         |  |           |  |                     |
|--|-------------------------|--|-----------|--|---------------------|
| No. <b>W 71769</b>   |                         | <b>Due no later than Feb 28, 2017</b>  |           | 2. Registered Agent and Address <b>(NO PO BOX)</b>           |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                         | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br>HARRISON VACATIONS, LLC<br>29922 S CANDY LN<br>ST MARIES ID 83861-8206 |           | THOMAS L REINHARDT<br>29922 S CANDY LN<br>ST MARIES ID 83861 |                     |
|  |                         |  |           | 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   | THOMAS L REINHARDT      | 29922 S CANDY LN   | ST MARIES | ID   | 83861-8206          |
| MEMBER   | PATRICIA ANNE REINHARDT | 29922 S CANDY LN   | ST MARIES | ID   | 83861-8206          |
| MEMBER   | MICHAEL D REINHARDT     | 29922 S CANDY LN   | ST MARIES | ID USA   | 83861-8206          |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 71769</b>   |                         | 6. Annual Report must be signed.*<br>Signature: Thomas L Reinhardt<br>Name (type or print): Thomas L Reinhardt<br>Date: 01/14/2017<br>Title: Member                  |           |  |                     |
| Processed 01/14/2017   |                         | * Electronically provided signatures are accepted as original signatures.  |           |  |                     |