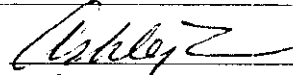
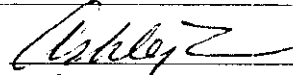
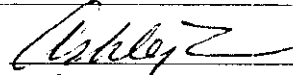


No. W 18638	Due no later than March 31, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		ASHLEY THOMPSON 620 N MAIN ST																		
	CASCADE HOTEL PROPERTY, L.L.C. PO BOX 1018		CASCADE, ID 83611																		
	CASCADE, ID 83611		3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="0" style="width:100%"> <thead> <tr> <th style="text-align:left"><u>Office held</u></th> <th style="text-align:left"><u>Name</u></th> <th style="text-align:left"><u>Street or P.O. Address</u></th> <th style="text-align:left"><u>City</u></th> <th style="text-align:left"><u>State</u></th> <th style="text-align:left"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>MEMBER ASHLEY THOMPSON</td> <td>PO BOX 1018,</td> <td>CASCADE</td> <td>ID</td> <td>83611</td> </tr> <tr> <td></td> <td>MEMBER KATRIN THOMPSON</td> <td>PO BOX 1018,</td> <td>CASCADE</td> <td>ID</td> <td>83611</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		MEMBER ASHLEY THOMPSON	PO BOX 1018,	CASCADE	ID	83611		MEMBER KATRIN THOMPSON	PO BOX 1018,	CASCADE	ID	83611
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5. Organized Under the Laws of: IDAHO W 18638	<table border="0" style="width:100%"> <tr> <td style="width:50%"> 6. Signature  </td> <td style="width:50%"> Date 1/30/2004 </td> </tr> <tr> <td> Name (Typed or Printed) ASHLEY THOMPSON </td> <td> Title MEMBER/AGENT </td> </tr> </table>			6. Signature 	Date 1/30/2004	Name (Typed or Printed) ASHLEY THOMPSON	Title MEMBER/AGENT														
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