

No. W 2605		Due no later than Jun 30, 2015		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. PINE RESORT, LLC ALLEN KESTER 54 E NESTER DR PINE ID 83647		ALLEN KESTER 16 E TRISH DR PINE ID 83647		
				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	ALLEN KESTER	16 E TRISH DR	PINE	ID		83647
MEMBER	PATRICIA KESTER	16 E. TRISH DR	PINE	ID	USA	83647
MEMBER	DARLENE SCHOEN	64 W. BROOKDALE	PINE	ID	USA	83647
MEMBER	GARY SCHOEN	64 W. BROOKDALE	PINE	ID	USA	83647
5. Organized Under the Laws of: ID W 2605		6. Annual Report must be signed.* Signature: Patricia Kester Name (type or print): Patricia Kester Date: 06/09/2015 Title: member				
Processed 06/09/2015		* Electronically provided signatures are accepted as original signatures.				