

No. <b>W 24790</b>		<b>Due no later than Jun 30, 2010</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  VACATION CREATIONS, LLC KATJA CASSON PO BOX 3495 HAILEY ID 83333 USA		KATJA CASSON 341 EASTRIDGE DR HAILEY ID 83333			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name KATJA CASSON	Street or PO Address PO BOX 3495		City HAILEY	State ID	Country USA	Postal Code 83333
5. Organized Under the Laws of:  <b>ID</b> <b>W 24790</b>		6. Annual Report must be signed.*  Signature: Katja Casson Name (type or print): Katja Casson  Date: 04/13/2010 Title: Member					
Processed 04/13/2010      * Electronically provided signatures are accepted as original signatures.							