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|--|--------------|--|--------|---|------------------|-------------|--|
| No. W 24790 | | Due no later than Jun 30, 2010 | | 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 | | KATJA CASSON 341 EASTRIDGE DR HAILEY ID 83333 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | VACATION CREATIONS, LLC KATJA CASSON PO BOX 3495 HAILEY ID 83333 USA | | | | | |
| 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: | | 6. Annual Report must be signed.* | | | | | |
| ID W 24790 | | Signature: Katja Casson | | | Date: 04/13/2010 | | |
| | | Name (type or print): Katja Casson | | | Title: Member | | |
| Processed 04/13/2010 | | * Electronically provided signatures are accepted as original signatures. | | | | | |