No. <b>W 157918</b>		Due no later than Oct 31, 2016			2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  E AND E VACATIONS LLC 207 SHERWOODS RD SAGLE ID 83860			HEATHER JOHNSTON 207 SHERWOODS RD SAGLE ID 83860-8386  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar		mes and Addresse	s of at least one Member or Manager					
200 00 0	Name	ries and Addresse	Street or PO Address		City	State	Country	Postal Code
	MASON R K HEATHER A	IEBERT JOHNSTON	207 SHERWOODS RD 207 SHERWOODS RD		SAGLE SAGLE	ID ID	USA USA	83860 83860
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Heather Johnston			Date: 10/03/2016			
W 157918		Name (type or print): Heather Johnston			Title: President			
Processed 10/03/2016 * Electronically provided signatures are accepted as original signatures.								