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| No. W 11050 | Reinstatement Annual Report Form ADMIN DISSOLVED 05/25/2016 | | 2. Registered Agent and Office (NOT A P.O. BOX) PETER LEWIS 600 N MAIN KETCHUM ID 83340 171 VALLEYWOOD DRIVE, #202 KETCHUM, ID 83340 |
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00 | 1. Mailing Address: Correct in this box if needed. RESORTS WEST, LLC PETER D LEWIS PO BOX 548 KETCHUM ID 83340 P.O. BOX 660 SUN VALLEY, ID 83353 USA | | 3. New Registered Agent Signature.  |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. | | | |
| Manager or Member | Name | Street or PO Address | City State Country Postal Code |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | PETER D. LEWIS P.O. BOX 660 SUN VALLEY, ID USA 83353 | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | |
| 5. Organized Under the Laws of | | | |
| IDAHO W 11050 | | Signature:  Name (type or print): PETER D. LEWIS | Date: 2/22/2017 Title: MANAGING MEMBER |
| Issued 01/16/2017 by online | | | |

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the