No. W 2605		Due no later than Jun 30, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. PINE RESORT, LLC ALLEN KIESTER 54 E NESTER DR PINE ID 83647		2. Registered	2. Registered Agent and Address (NO PO BOX) ALLEN KIESTER 16 E TRISH DR PINE ID 83647 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF				16 E TRIS PINE ID				
RECEIVED BY DUE		nes and Addresses of at	least one Member or Manager.					
Office Held	Name	nes and ridal esses of a	Street or PO Address	City	State	Country	Postal Code	
MEMBER MEMBER MEMBER MEMBER	ALLEN KIESTER PATRICIA KIESTER VALERIE MUNOZ ELEAZAR MUNOZ		16 E TRISH DR 16 E. TRISH DR 329 W. GEORGIA AVE 329 W. GEORGIA AVE	PINE PINE NAMPA NAMPA	ID ID ID ID	USA USA USA	83647 83647 83686 83686	
5. Organized Under the Laws of:		6. Annual Report must be signed.* Signature: Patricia Kiester			Dato: 05	:/00/2016		
ID W 2605		Name (type or print)		Date: 05/09/2016 Title: member				
Processed 05/09/2016	* Electronically provided signatures are accepted as original signatures.							