

No. W 56171		Due no later than Nov 30, 2011 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. NEZPERCE HOTEL LLC DAN JOHNSON PO BOX 36 NEZPERCE ID 83543		DANIEL M JOHNSON 404 OAK ST NEZPERCE ID 83543			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
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	
MANAGER	DANIEL M JOHNSON	602 PINE ST	NEZPERCE	ID	USA	83543	
MANAGER	ANNA L JOHNSON	602 PINE ST	NEZPERCE	ID	USA	83543	
5. Organized Under the Laws of: ID W 56171		6. Annual Report must be signed.* Signature: Dan Johnson Name (type or print): Dan Johnson					
		Date: 09/12/2011 Title: Member/Mgr					
Processed 09/12/2011		* Electronically provided signatures are accepted as original signatures.					