	Due no later than February 28, 2009		2. Registered Agent and Office NO PO BO)	
Return to:	Annual Report Form 1. Mailing Address - Correct in this box, if applicable		REBECCA DIVITTORIO 1035 PARKHILL DR	
SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	IDAHO MOUNTAIN CABINS LLC 1035 PARKHILL DR BOISE, ID 83702		OSS PARKHILL DR OISE, ID 83702	
NO FILING FEE IF RECEIVED BY DUE DATE			New Registered Ag	gent Signature
 Limited Liability Compan 	ies: Enter Names and Addresses of Manager	rs.		
Office held Name	Street or P.O. Address	<u>City</u>	State	<u>Zip</u>
principa (vire ai	Vittorio 1035 Parkhill Or	Boise	ID	83702
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	grander Mark Cons	• •		
5. Organized Under the Laws of: IDAHO	6. Signature Nelveca Yd	Wisto	no Date 1/	16/08
<u> </u>	6. Delega U	Wisto	no Date 1/	16/08
IDAHO	6. Signature Rebucen Hot	Wisto	MDate _//	16/08