| No. W 81454 | | Due no later than Feb 28, 2015 | | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-----------|--|----------------------|------------------|--|---------|-------------|--|
| Return to: | | Annual Report Form | | | SCOTT L POORMAN | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. MISSION INN LLC ANN M WARE PO BOX 94 CATALDO ID 83810 | | HAYDEN | 8884 N GOVERNMENT WAY #1 HAYDEN 83835 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 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 | |
| MEMBER | ANN MARIE | WARE | 404 W MULLAN | KELLOGG | ID | USA | 83837 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Ann M. Ware | | Date: 01/05/2015 | | | | |
| W 81454 | | Name (type or print): Ann M. Ware | | Title: Officer | | | | |
| Processed 01/05/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |