

|                                                                                                                                                        |              |                                                                                                                                          |      |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 42663</b>                                                                                                                                     |              | <b>Due no later than Sep 30, 2009</b>                                                                                                    |      | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |              | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>GREAT GETAWAYS, LLC<br>KELLY WEIMER<br>46 EAGEN LN<br>HOPE ID 83836     |      | KELLY WEIMER<br>46 EAGEN LN<br>HOPE ID 83836       |         |             |  |
|                                                                                                                                                        |              |                                                                                                                                          |      | 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 |  |
| MEMBER                                                                                                                                                 | KELLY WEIMER | 46 EAGEN LANE                                                                                                                            | HOPE | ID                                                 | USA     | 83836       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 42663</b>                                                                                           |              | 6. Annual Report must be signed.*<br>Signature: Kelly Weimer<br>Name (type or print): Kelly Weimer<br>Date: 08/01/2009<br>Title: Manager |      |                                                    |         |             |  |
| Processed 08/01/2009                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                |      |                                                    |         |             |  |