

|   |                         |  |  |  |             |                |                      |
|---|-------------------------|--|--|--|-------------|----------------|----------------------|
| No. <b>W 95172</b>  |                         | <b>Due no later than Jul 31, 2012</b><br><b>Annual Report Form</b>   |  | 2. Registered Agent and Address ( <b>NO PO BOX</b> ) |             |                |                      |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080  |                         | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>ELKHORN BED AND BREAKFAST LLC<br>DEBRA L BUCKNER<br>1327 HWY 95<br>MESA ID 83643<br>USA |  | DEBRA L BUCKNER<br>1327 HWY 95<br>MESA ID 83643      |             |                |                      |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>  |                         |  |  | 3. <u>New</u> Registered Agent Signature:*           |             |                |                      |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.        |                         |  |  |  |             |                |                      |
| Office Held<br>MANAGER  | Name<br>DEBRA L BUCKNER | Street or PO Address<br>1327 HWY 95  |  | City<br>MESA   | State<br>ID | Country<br>USA | Postal Code<br>83643 |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 95172</b>                                  |                         | 6. Annual Report must be signed.*<br><br>Signature: Debra Buckner<br>Name (type or print): Debra Buckner<br><br>Date: 05/11/2012<br>Title: Manager       |  |  |             |                |                      |
| Processed 05/11/2012      * Electronically provided signatures are accepted as original signatures. |                         |  |  |  |             |                |                      |