

|                                                                                                                                                        |            |                                                                              |             |                                                     |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------------------------|-------------|-----------------------------------------------------|------------------|-------------|--|
| No. <b>W 18926</b>                                                                                                                                     |            | <b>Due no later than Apr 30, 2014</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>Annual Report Form</b>                                                    |             | BRAD LOTT<br>1095 E IONA RD<br>IDAHO FALLS ID 83401 |                  |             |  |
|                                                                                                                                                        |            | <b>1. Mailing Address: Correct in this box if needed.</b>                    |             | 3. <u>New</u> Registered Agent Signature:*          |                  |             |  |
|                                                                                                                                                        |            | HOLIDAY MOTOR COACH LLC<br>BRAD LOTT<br>PO BOX 50400<br>IDAHO FALLS ID 83405 |             |                                                     |                  |             |  |
| 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                                                                                                                                                | BRAD LOTT  | 1258 KORTNEE DR                                                              | IDAHO FALLS | ID                                                  | USA              | 83402       |  |
| MANAGER                                                                                                                                                | BRIAN LOTT | 386 N PARK                                                                   | SHELLEY     | ID                                                  | USA              | 83276       |  |
| 5. Organized Under the Laws of:                                                                                                                        |            | 6. Annual Report must be signed.*                                            |             |                                                     |                  |             |  |
| <b>ID<br/>W 18926</b>                                                                                                                                  |            | Signature: Brad Lott                                                         |             |                                                     | Date: 02/19/2014 |             |  |
|                                                                                                                                                        |            | Name (type or print): Brad Lott                                              |             |                                                     | Title: Manager   |             |  |
| Processed 02/19/2014                                                                                                                                   |            | * Electronically provided signatures are accepted as original signatures.    |             |                                                     |                  |             |  |