| No. <b>W 4779</b>   |   | Due no later than Oct 31, 2017  |  | 2. Registered                                       | 2. Registered Agent and Address (NO PO BOX) |         |                |  |
|---|---|---|--|---|---|---------|----------------|--|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 |   | Annual Report Form  1. Mailing Address: Correct in this box if needed.  AMERITEL INN ELKO, LLC COSTIN PIRVU 10200 W EMERALD ST BOISE ID 83704 |  | 10200 W F   | BRIAN BLACK<br>10200 W EMERALD              |         |                |  |
|   |   |   |  | BOISE ID 83704  3. New Registered Agent Signature:* |   |         |                |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE  |   | DOISE ID 0.   | 3701                                     | or <u>non</u> region                                |   |         |                |  |
| 4. Limited Liability Companie   | es: Enter Nar   | mes and Address   | es of at least one Member or Manager.    |   |   |         |                |  |
| Office Held   | Name  |   | Street or PO Address                     | City  | State                                       | Country | Postal Code    |  |
|   | AMERITEL IN<br>JOSHEPH S  |   | 10200 W EMERALD ST<br>10200 W EMERALD ST | BOISE<br>BOISE                                      | ID<br>ID                                    | USA     | 83704<br>83704 |  |
| 5. Organized Under the Laws of:   |   | 6. Annual Report must be signed.*   |  |   |   |         |                |  |
| ID<br>W 4779  |   | Signature: Ti   | racie VanDehey                           |   | Date: 08/30/2017                            |         |                |  |
|   |   | Name (type o  | or print): Tracie VanDehey               |   | Title: Office Manager                       |         |                |  |
| Processed 08/30/2017  | * Electronically provided signatures are accepted as original signatures. |   |  |   |   |         |                |  |