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| No. W 1712 | | Due no later than Nov 30, 2011 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form | | RALPH FRANCES 1405 PAESTO #7 IDAHO FALLS ID 83401 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | LAKE SIDE BED & BREAKFAST, L.C. CARL L HANSEN 3760 WEST COMMONS LANE P.O. BOX # 27687 SALT LAKE CITY UT 84104 USA | | | | | |
| 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 | CARL L HANSEN | P.O. BOX # 27687 3760 WEST COMMONS LANE | SALT LAKE CITY | UT | USA | 84127-0687 | |
| MANAGER | BRYAN C HANSEN | P.O. BOX # 27687 3760 WEST COMMONS LANE | SALT LAKE CITY | UT | USA | 84127-0687 | |
| 5. Organized Under the Laws of: UT W 1712 | | 6. Annual Report must be signed.* Signature: Kobri S. Thorpe Name (type or print): Kobri S. Thorpe Date: 09/13/2011 Title: Office Administrator | | | | | |
| Processed 09/13/2011 | | * Electronically provided signatures are accepted as original signatures. | | | | | |