No. W 103953		Due no later than Jun 30, 2014			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. HOT SPRINGS RETREAT, LLC WESTON A LEAVENS 4710 VINE HILL RD SEBASTOPOL CA 95472		401 MAIN ST SALMON ID	CHACE SLAVIN 401 MAIN ST STE 2 SALMON ID 83467 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compan	ies: Enter Na	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	WESTON A	LEAVENS	4710 VINE HILL ROAD	SEBASTOPOL	CA	USA	95472	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: weston Leavens			Date: 06/26/2014			
W 103953		Name (type or		Title: Member				
Processed 06/26/2014 * Electronically provided signatures are accepted as original signatures.								