

No. W 32454		Due no later than Aug 31, 2015		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 1. Mailing Address: Correct in this box if needed. JUSTAMERE INN, LLC JOHN A COLEMAN 401 GOODING ST N STE 201 TWIN FALLS ID 83301		JOHN A COLEMAN 401 GOODING ST N STE 201 TWIN FALLS ID 83301	
				3. <u>New</u> Registered Agent Signature: *	
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
MEMBER	JOHN A COLEMAN	PO BOX 1293	TWIN FALLS	ID	83303-1293
MEMBER	MARK F HOLMSTEAD	PO BOX 1293	TWIN FALLS	ID	83303-1293
5. Organized Under the Laws of: ID W 32454		6. Annual Report must be signed.* Signature: John Coleman Name (type or print): John Coleman Date: 08/25/2015 Title: Agent			
Processed 08/25/2015		* Electronically provided signatures are accepted as original signatures.			