No. <b>W 18638</b>		Due no later than Mar 31, 2017			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		ASHLEY THOMPSON 620 N MAIN ST CASCADE ID 83611				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  CASCADE HOTEL PROPERTY, L.L.C.  KATRIN THOMPSON 208 634-6994  PO BOX 1018  CASCADE ID 83611-1018						
					CASCADE ID 03011			
					3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies	: Enter Nar	mes and Addres	ses of at least one Member or Manager.					
Office Held Na	ame		Street or PO Address		City	State	Country	Postal Code
MEMBER ASHLEY THO		OMPSON	PO BOX 1018		CASCADE	ID		83611
MEMBER KATRIN THO		OMPSON	PO BOX 1018		CASCADE	ID		83611
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 18638		Signature: Katrin Thompson			Date: 02/22/2017			
		Name (type or print): Katrin Thompson			Title: Member			
Processed 02/22/2017 * Electronically provided signatures are accepted as original signatures.								