# State of New Hampshire
# 2014 ANNUAL REPORT

**The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 304-C:80.**

**REPORT DUE BY April 1, 2014**

**ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.**

Filed
Date Filed: 07/29/2014
Business ID: 575904
William M. Gardner
Secretary of State

YELLOW MOUNTAIN REALTY, LLC

**PO BOX 5002-165**
**NORTH CONWAY, NH 03860**

ENTITY TYPE: LLC
BUSINESS ID: 575904
STATE OF DOMICILE: NEW HAMPSHIRE

REAL ESTATE

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**ADDRESS OF PRINCIPAL OFFICE:**
**1857 WHITE MOUNTAIN HIGHWAY**
**NORTH CONWAY, NH 03860**

**REGISTERED AGENT AND OFFICE:**
**LEES, SCOTT J**
**223 WYMAN AVENUE**
**NORTH CONWAY, NH 03860**

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**If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.**

☐ The new mailing address

☐ The new principal office address

**PO Box is acceptable.**

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**MANAGERS**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
**LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT** **A**

NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

**MEMBERS**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
**MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS** **B**

MEMB. James W Lees
STREET 1857 White Mountain Highway
CITY/STATE/ZIP North Conway Nh 03860
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

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To be signed by the manager, if no manager, must be signed by a member.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

**Sign here:** james w lees

**Please print name and title of signer:** james w lees / MEMBER
NAME TITLE

FEE DUE: **$150.00**

E-MAIL ADDRESS (OPTIONAL):

057590420141503

**WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE**
**REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED**

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:
New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301