No. W 5030	Reinstatement Annual Report Form ADMIN DISSOLVED 02/04/2010	2. Registered Agent and Office (NOT A P.O. BOX) SONJA CHERRY 3890 E 1300 N ASHTON ID 83420
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. SNOW CREEK ADVENTURES, LLC JEFF JENKINS [redacted] P.O. Box 447 ASHTON ID 83420	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
Member	Estate of Jeffery Jenkins	P.O. Box 447	Ashton	ID	US	83420
Member	Mitch Allen	P.O. Box 733	Ashton	ID	US	83420
Member	Bunker Snyder	11449 Washington Plz. W.	Reston	VA	US	20190

5. Organized Under the Laws of: IDAHO
W 5030

6. Signature: Allison Jenkins P.R. Date: 2/12/10

Name (type or print): Allison Jenkins, Personal Rep. Title: Member

Issued 02/10/2010 by DK1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

Block 3: Only a **new** registered agent must sign in block 3.

Block 4: Enter names and business addresses of management. **Note:** **Do not** put "same as last year" or "same as above". These will not be accepted.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.