No. **W 67800**	**Due no later than Oct 31, 2009** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** LIVE ADVENTURE TRAVEL, LLC JOLENE OGDEN HC 67 BOX 550 CLAYTON ID 83227	JOLENE OGDEN HC 67 BOX 550 CLAYTON ID 83227 3. New 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
MANAGER	JOLENE OGDEN	HC 67 BOX 550	CLAYTON	ID	USA	83227
MANAGER	MARSHALL OGDEN	HC 67 BOX 550	CLAYTON	ID	USA	83227

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 67800**	Signature: Jolene Ogden	Date: 08/18/2009
	Name (type or print): Jolene Ogden	Title: Manager

Processed 08/18/2009

* Electronically provided signatures are accepted as original signatures.