No. <b>W 14494</b>		Due no later than Feb 28, 2009		[	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form  1. Mailing Address: Correct in this box if needed.  ADVENTURES WILD L.L.C.  MATTHEW M LUTZ  PO BOX 2527  HAILEY ID 83333  USA			MATTHEW M LUTZ 441 MOTHER LODE LOOP HAILEY ID 83333  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080								
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companie	es: Enter Nai	mes and Addresses o	of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER 1	MATTHEW 1	1 LUTZ	PO BOX 2527		HAILEY	ID	USA	83333
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Matthew M Lutz			Date: 03/15/2009			
W 14494		Name (type or print): Matthew M Lutz			Title: Owner			
Processed 03/15/2009 * Electronically provided signatures are accepted as original signatures.								