

|  |              |  |         |   |         |                  |  |
|--|--------------|--|---------|---|---------|------------------|--|
| No. <b>W 187640</b>  |              | <b>Due no later than Aug 31, 2018</b>  |         | 2. Registered Agent and Address <b>(NO PO BOX)</b>  |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |              | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>COLLECTIVE MEMORIES TRAVEL LLC<br>LENEE CURTIS<br>301 OAKTRAIL DR<br>REXBURG ID 83440 |         | LENEE CURTIS<br>301 OAKTRAIL DR<br>REXBURG ID 83440 |         |                  |  |
|  |              |  |         | 3. <u>New</u> 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  | LENEE CURTIS | 301 OAKTRAIL DR  | REXBURG | ID  | USA     | 83440            |  |
| 5. Organized Under the Laws of:  |              | 6. Annual Report must be signed.*  |         |   |         |                  |  |
| <b>ID<br/>W 187640</b>   |              | Signature: LeNee Curtis  |         |   |         | Date: 06/18/2018 |  |
|  |              | Name (type or print): LeNee Curtis   |         |   |         | Title: Manager   |  |
| Processed 06/18/2018   |              | * Electronically provided signatures are accepted as original signatures.  |         |   |         |                  |  |