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|---|--|--|---|-------|--|-------------|
| No. C 93247 | Due no later than Sep 30, 2009 Annual Report Form | | 2. Registered Agent and Office (NOT A P.O. BOX) TIM CRIST 2674 E 4256 N TWIN FALLS ID 83301 | | | |
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. TIM CRIST ALASKAN ADVENTURES, INC. TIM CRIST PO BOX 2261 TWIN FALLS ID 83303 | | 3. New Registered Agent Signature. <i>N/A</i> | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
| Secretary | Joy Crist | 2674 E 4256 N | Twin Falls | Id. | USA | 83301 |
| President | Tim Crist | Box 2261 | Twin Falls | Id | USA | 83303 |
| 5. Organized Under the Laws of: IDAHO C 93247 | | 6. Signature: <i>Tim Crist</i> <hr/> Name (type or print): <i>Tim Crist</i> | | | Date: <i>10/27/2009</i> <hr/> Title: <i>President</i> | |
| Issued 10/27/2009 by CLH | | | | | 20090000071 | |