

No. <b>W 18129</b>		Due no later than <b>February 29, 2008</b>		2. Registered Agent and Office <b>NO PO BOX</b>		
Return to: <b>SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080</b>		Annual Report Form 1. Mailing Address - Correct in this box, if applicable <b>DREAM CHASERS OUTDOOR ADVENTURE CLU PO BOX 921 VICTOR, ID 83455</b>		<b>LISA R SMITH BATCHEN 164 N MAIN ST VICTOR, ID 83455</b>		
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New Registered Agent Signature</u>		
4. Limited Liability Companies: Enter Names and Addresses of Managers.						
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	
Member	Lisa R Smith Batchen	PO Box 921	VICTOR	ID	83455	
Member	Gerald Brichten	PO Box 921	VICTOR	ID	83455	
5. Organized Under the Laws of: <b>IDAHO W 18129</b>		6. <u>Signature</u> 		Date <u>12/17/07</u>		
		Name <small>(Typed or Printed)</small> <u>GERALD Brichten</u>		Title <u>Manager</u>		

Issued 12/03/2007

**Do Not Tape or Staple**

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