No. W 100421		Due no later than Feb 28, 2015		2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			DAVID MCKEE 6075 W COMMERCE LOOP POST FALLS 83854 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. UNTAMED WILDLIFE ADVENTURES L.L.C. DAVID E. MCKEE PO BOX 3609 POST FALLS ID 83877						
NO FILING FEE IF RECEIVED BY DUE DATE				3				
4. Limited Liability Compar	nies: Enter Nar	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER MEMBER MEMBER MEMBER	DAVID E. MCKEE KRISTIE SMITH ROXANNE L. MCKEE ANTHONY SMITH		10110 N. HAPPY TRAIL 6798 E. GARWOOD ROAD 10110 N. HAPPY TRAIL 6798 E. GARWOOD ROAD		RATHDRUM HAYDEN RATHDRUM HAYDEN	ID ID ID	USA USA USA USA	83858 83835 83858 83835
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 100421		Signature: Roxanne McKee			Date: 02/25/2015			
		Name (type or print): Roxanne McKee			Title: Member			
Processed 02/25/2015		* Electronically pr	ovided signatures are accepted as origir	nal signat	tures.			