No. **W 70059**	**Due no later than Jan 31, 2011**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** ADRENALINE PERFORMANCE, LLC CAM R HULSE 650 N STATE #3 SHELLEY ID 83274	CAM R HULSE 1101 OCTOBER COVE SHELLEY ID 83274 3. New 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	CAM R HULSE	1101 OCTOBER COVE	SHELLEY	ID	USA	83274
MANAGER	TERRA A HULSE	1101 OCTOBER COVE	SHELLEY	ID	USA	83274

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 70059**	Signature: Terra Hulse	Date: 01/09/2011
	Name (type or print): Terra Hulse	Title: Manager

Processed 01/09/2011

* Electronically provided signatures are accepted as original signatures.