

No. W 7294		Due no later than Nov 30, 2014		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. M.A.P. TRAVEL COMPANY, L.L.C. DALE R ALLDREDGE 406 BURRELL SUITE 105 LEWISTON ID 83501		DALE R ALLDREDGE 406 BURRELL SUITE 105 LEWISTON 83501	
				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	DALE R ALLDREDGE	2914 MEADOWLARK DR	LEWISTON	ID	83501
5. Organized Under the Laws of: ID W 7294		6. Annual Report must be signed.* Signature: Martha Pierce Name (type or print): Martha Pierce Date: 11/24/2014 Title: Manager/Partner			
Processed 11/24/2014		* Electronically provided signatures are accepted as original signatures.			