

No. W 56827		Due no later than Dec 31, 2010 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. VOYAGER ENTERPRISES, LLC TARA CHRISTENSEN 2523 E SUNNYSIDE AMMON ID 83406		TARA L CHRISTENSEN 2523 E SUNNYSIDE AMMON ID 83406			
NO FILING FEE IF RECEIVED BY DUE DATE				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	TARA L ARAVE	2523 E SUNNYSIDE	AMMON	ID	USA	83406	
MANAGER	JAROM D CHRISTENSEN	376 N 200 E	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of: ID W 56827		6. Annual Report must be signed.* Signature: Tara Christensen Name (type or print): Tara Christensen					
		Date: 10/11/2010 Title: Manager					
Processed 10/11/2010		* Electronically provided signatures are accepted as original signatures.					