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|--|---------------------|--|-----------|--|---------|-------------|--|
| No. W 56827 | | Due no later than Dec 31, 2010 | | 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 | | 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 | | | |
| | | | | 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. | | | | | |