No. C 137300	Reinstatement Annual Report Form ADMIN DISSOLVED 04/11/2011	2. Registered Agent and Office **(NOT A P.O. BOX)**
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. **Mailing Address: Correct in this box if needed.** IDAHO ADVENTURES, INC. MARK TROY PO BOX 834 SALMON ID 83467	MARK TROY ~~NO 6 ADVENTURE LN~~ SALMON ID 83467 30 Oliver Drive
REINSTATEMENT FEE **DUE:** ~~$30.00~~ 50.00 I.C.		3. New Registered Agent Signature.

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
President	Mark Troy	30 Oliver Drive	Salmon	ID	Lemhi	83467
Secretary	Kristin Troy	30 Oliver Drive	Salmon	ID	Lemhi	83467

5. Organized Under the Laws of:	6.
IDAHO C 137300	Signature: Mark Troy Date: 2/28/13 Name (type or print): Mark Troy Title: President

Issued 02/28/2013 by JL1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM