No. W 80524		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		Annual Report Form		JEFFREY A BRAME 1561 BALDY VIEW DR HAILEY ID 83333 3. New Registered Agent Signature:*				
		1. Mailing Address: Correct in this box if needed. ADVENTURE AVIATION, LLC JEFFREY A BRAME PO BOX 4556 HAILEY ID 83333 USA						
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Na	mes and Addresses of at	least one Member or Mana	iger.				
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER	ALLISON J	AKEHURST	1561 BALDY VIEW DRIVE	PO BOX 4556	5 HAILEY	ID	USA	83333
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 80524		Signature: Jeffrey A Brame			Date: 12/16/2010			
		Name (type or print): Jeffrey A Brame			Title: Atp			
Processed 12/16/2010 * Electronically provided signatures are accepted as original signatures.								