

No. <b>W 10050</b>		<b>Due no later than Oct 31, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  HIGH MOUNTAIN ADVENTURES LLC SCOTT P ESKELSON 425 S HOLMES IDAHO FALLS ID 83401		SCOTT P ESKELSON 425 SOUTH HOLMES AVENUE IDAHO FALLS ID 83401			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name KRIS WRIGHT	Street or PO Address 1355 E LINCOLN RD		City IDAHO FALLS	State ID	Country USA	Postal Code 83401
5. Organized Under the Laws of:  <b>ID</b> <b>W 10050</b>		6. Annual Report must be signed.*  Signature: Scott P. Eskelson Name (type or print): Scott P. Eskelson  Date: 08/28/2015 Title: Registered Agent					
Processed 08/28/2015 * Electronically provided signatures are accepted as original signatures.							