No. <b>J 1032</b>		Due no later than Aug 31, 2009	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		ROBERT BOYLE CPA			
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.		515 W PINE STREET STE 1 SANDPOINT ID 83864			
		MOUNTAIN RECREATION, LLP ROBERT F BOYLE 120 E. LAKE ST, STE 202	SANDPOINT ID 83864				
		SANDPOINT ID 83864	3. New Register	3. New Registered Agent Signature:*			
		USA					
4. Limited Liability Pa	artnerships: Enter N	ames and Business Addresses of two (2) or more partners.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PARTNER ROBERT BOYL PARTNER BRENT BAKER			SANDPOINT SANDPOINT	ID ID	USA USA	83864 83864	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Robert Boyle	Date: 07/31/2009				
J 1032		Name (type or print): Robert Boyle	Title: Sec	Title: Secretary/Treasurer			
Processed 07/31/200	)9	* Electronically provided signatures are accepted as original s	ignatures.				