

No. C 93247	Due no later than Sep 30, 2016 Annual Report Form		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. TIM CRIST ALASKAN ADVENTURES, INC. TIM CRIST PO BOX 2261 TWIN FALLS ID 83303		TIM CRIST 2674 E 4256 N TWIN FALLS ID 83301			
			3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
SECRETARY	JOY CRIST	2674 E 4256 N	TWIN FALLS	ID	USA	83301
PRESIDENT	TIM R. CRIST	2674 E 4256 N	TWIN FALLS	ID	USA	83330
5. Organized Under the Laws of: ID C 93247	6. Annual Report must be signed.* Signature: Tim Crist Name (type or print): Tim Crist		Date: 09/14/2016 Title: president			
Processed 09/14/2016		* Electronically provided signatures are accepted as original signatures.				