No. <b>W 117962</b>	Due no later than Oct 31, 2017	2. Registered Agent and Address (NO PO BOX)
Return to:	Annual Report Form	MICHAEL WILSON
SECRETARY OF STATE	1. Mailing Address: Correct in this box if nee	eded. 4771 N HWY7 20 ISLAND PARK ID 83429
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	WILSON & COMPANY ADVENTURES, LLC MICHAEL WILSON 4771 N HWY 20	ISLAND PARK ID 63429
	ISLAND PARK ID 83429	3. <u>New</u> Registered Agent Signature:*
NO FILING FEE IF RECEIVED BY DUE DATE	USA	
4. Limited Liability Companies: Enter	Names and Addresses of at least one Member or Manage	er.
Office Held Name	Street or PO Address	City State Country Postal Code
MANAGER MICHAEL	WILSON 4771 N HWY 20	ISLAND PARK ID USA 83429
5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ர	Signature: Michael Wilson	Date: 08/29/2017
W 117962	Name (type or print): Michael Wilson	Title: Manager
Processed 08/29/2017 * Electronically provided signatures are accepted as original signatures.		