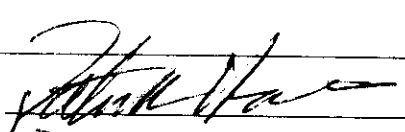
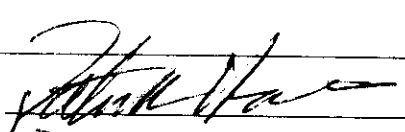
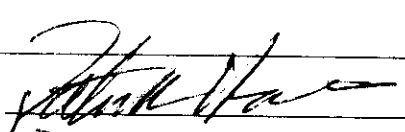


No. W 34644		Due no later than November 30, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address - Correct in this box, if applicable ADVENTURE CONSULTANTS, LLC PO BOX 2863 MCCALL, ID 83638 1302 N 2nd St 291 Alta Vista MCCALL ID 83638		PATRICK HARPER 101 SYRINGA LN HULEN MEADOWS KETCHUM, ID 83340																			
NO FILING FEE IF RECEIVED BY DUE DATE				3. New Registered Agent Signature																			
4. Limited Liability Companies: Enter Names and Addresses of Managers.																							
<table><thead><tr><th>Office held</th><th>Name</th><th>Street or P.O. Address</th><th>City</th><th>State</th><th>Zip</th></tr></thead><tbody><tr><td></td><td>PATRICK HARPER</td><td>291 Alta Vista</td><td>MCCALL</td><td>ID</td><td>83638</td></tr><tr><td></td><td>W. Warner</td><td>Po Box 2233</td><td>Crested Butte</td><td>CO</td><td>81224</td></tr></tbody></table>						Office held	Name	Street or P.O. Address	City	State	Zip		PATRICK HARPER	291 Alta Vista	MCCALL	ID	83638		W. Warner	Po Box 2233	Crested Butte	CO	81224
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5. Organized Under the Laws of: IDAHO W 34644		6. <table><tr><td>Signature</td><td></td><td>Date</td><td>9-27-06</td></tr><tr><td>Name (Type or Printed)</td><td>PATRICK HARPER</td><td>Title</td><td>manager</td></tr></table>				Signature		Date	9-27-06	Name (Type or Printed)	PATRICK HARPER	Title	manager										
Signature		Date	9-27-06																				
Name (Type or Printed)	PATRICK HARPER	Title	manager																				

ued 09/01/2006

Not Tape or Staple

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