	Annual Report Form Due No Later Than November 30	1998 2. Registe	ared Agent and Office NOT	A P.O. BOX
Return to:	Mailing Address - Please Correct, If Not Corre		Y CHADBAND	
SECRETARY OF STATE 700 WEST JEFFERSON		835	3 W BROOKVIEW	DR
PO BOX 83720	CABO ADVENTURES, INC.	ļ		
BOISE, ID 83720-0080	CORY CHADBAND	BOI	SE ID	83709
NO FEE REQUIRED	8353 W BROOKVIEW DR	3 Organi	zed Under the Laws of:	
* FIRST NOTICE *	801SE TO 833			
	iness Addresses of President, Secretary and	709	ID C117	197
Limited Liability Companies: Enter N	lames and Addresses of Managers or		- >	
Office held	in the state of th	☐ Members (check one	e) [;]	
Name	Street or P.O. Address CE Chadbard 124 WINS	Pa Row 93 - City	State	Zip
resident constant	CE Chalbarry 10/ for	Dua NA K	tchum IO	6 Z ZU
Parsident Sames	2/2/1	on 91 /100 /-		33370
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Signature of New Registered Age	ent 6. Signature Our Name (Typed or Christ)	11/11/10	Date	
	ent 6. Signature Our Ch. Name (Typed or Printed)	11/11/10		
Signature of New Registered Age	ent 6. Signature Our Charle Ch. Name (Typed or Printed)	Ifle O	Date <u>/0-20-</u> Title <i>Sac-Thod</i>	
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