No. <b>W 19178</b>		Due no later than May 31, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		TINA ANN CUTRIGHT 645 NORTH 3100 EAST MENAN ID 83434			
SECRETARY OF STATE	1. Mailin	1. Mailing Address: Correct in this box if needed.  PURE ADRENALINE SPORTS LLC  CLINT CUTRIGHT  2048 W HWY 33  REXBURG ID 83440-3554					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	CLINT CL			MENAN ID 65757			
	REXBURG			3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: En	ter Names and Addr	esses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER TINA	CUTRIGHT	645 NORTH 3100 EAST	MENAN	ID		83434	
MEMBER CLINT	CUTRIGHT	645 N 3100 E	MENAN	ID		83434	
5. Organized Under the Laws of:	6. Annual Re	eport must be signed.*					
ID	1 2	Signature: Tina Cutright Date: 03/21/2017					
W 19178		Name (type or print): Tina Cutright		Title: Member			
No. 1001 2001	Traine (type or print): 1			Tiue: Mei	TIDEI		
Processed 03/21/2017	* Electronica	* Electronically provided signatures are accepted as original signatures.					