No. W 89332	Due no later than Dec 31, 2014		2. F	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form			STEPHEN L			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.		9.E	5772 S ORCHID WAY BOISE 83716			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	NORTH COL ADVENTURES LLC STEPHEN L CAMKIN 5772 S ORCHID WAY BOISE ID 83716						
			1.8	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Limited Liability Companies: Enter N	ames and Addresses of a	t least one Member or Manager.					
Office Held Name		Street or PO Address	Ci	ity	State	Country	Postal Code
MANAGER STEPHEN	EONARD CAMKIN	5772 ORCHID WAY	ВС	DISE	ID	USA	83716
5. Organized Under the Laws of:	Under the Laws of: 6. Annual Report must be signed.*						
ID	Signature: stephen camkin			Date: 10/17/2014			
W 89332	Name (type or print): stephen camkin			Title: manager			
Processed 10/17/2014	* Electronically provided signatures are accepted as original signatures.						