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| No. W 7294 | | Due no later than Nov 30, 2012 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. M.A.P. TRAVEL COMPANY, L.L.C. DALE R ALLDREDGE 2914 MEADOWLARK DR LEWISTON ID 83501 | | DALE R ALLDREDGE 2914 MEADOWLARK DR LEWISTON ID 83501 | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER | DALE R ALLDREDGE | 2914 MEADOWLARK DR | LEWISTON | ID | USA | 83501 | |
| 5. Organized Under the Laws of: ID W 7294 | | 6. Annual Report must be signed.* Signature: Dale R Alldredge Name (type or print): Dale R Alldredge | | | | | |
| | | Date: 09/15/2012 Title: Manager | | | | | |
| Processed 09/15/2012 | | * Electronically provided signatures are accepted as original signatures. | | | | | |