No. **W 76277**	**Due no later than Jul 31, 2015** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** WESTERN ADVENTURE LUXURY TOURS L.L.C. KYLE J KIMBALL PO BOX 502 BELLEVUE ID 83313	KYLE J KIMBALL 312 SECOND N ST GARNNETT ID 83313 3. New 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	KYLE J KIMBALL	P.O. BOX 502	BELLEVUE	ID	USA	83313

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 76277**	Signature: Kyle Kimball	Date: 08/04/2015
	Name (type or print): Kyle Kimball	Title: Manager

Processed 08/04/2015

* Electronically provided signatures are accepted as original signatures.