

No. **W 5030**

Due no later than November 30, 2004
Annual Report Form

2. Registered Agent and Office **NO PO BOX**

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

SNOW CREEK ADVENTURES, LLC
JEFF JENKINS
PO BOX 577
ASHTON, ID 83420

JEFF JENKINS
282 N 10TH ST
ASHTON, ID 83420

3. New Registered Agent Signature

**NO FILING FEE IF
RECEIVED BY DUE DATE**

4. **Limited Liability Companies: Enter Names and Addresses of Members.**

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Jeff Jenkins	P.O. Box 577	Ashton	Id.	83420

5. Organized Under the Laws of:

IDAHO
W 5030

6.

Signature

Jeff Jenkins

Date

11-16-04

Name (Typed or Printed)

Jeff Jenkins

Title

Manager

Issued 09/01/2004

Do Not Tape or Staple

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