No. **W 34598**	**Due no later than Nov 30, 2006** **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.** AWESOME ADVENTURES TRAVEL LLC CATHERINE A ANDERSON 9762 N 5TH W IDAHO FALLS ID 83401	CATHERINE ANDERSON 9762 N 5TH W IDAHO FALLS ID 83401 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	CATHERINE ANDERSON	9762 N 5TH W	IDAHO FALLS	ID		83401

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
IDAHO **W 34598**	Signature: Catherine Anderson	Date: 10/04/2006
	Name (type or print): Catherine Anderson	Title: Manager

Processed 10/04/2006

* Electronically provided signatures are accepted as original signatures.