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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------|---------|-------------|--|
| No. <b>W 12283</b>                                                                                                                                     |                  | <b>Due no later than Jun 30, 2009</b>                                                                                                                                |        | 2. Registered Agent and Address <b>(NO PO BOX)</b>        |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>TETON VALLEY ADVENTURES, LLC<br>50 EAST WALLACE<br>DRIGGS ID 83422 |        | TRAVIS MOULTON<br>1474 EAST 5500 SOUTH<br>VICTOR ID 83455 |         |             |  |
|                                                                                                                                                        |                  |                                                                                                                                                                      |        | 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 |  |
| MEMBER                                                                                                                                                 | RICHARD GEBHARD  | P.O. BOX 168                                                                                                                                                         | VICTOR | ID                                                        | USA     | 83455       |  |
| MEMBER                                                                                                                                                 | DEBRA GEBHARD    | P.O. BOX 168                                                                                                                                                         | VICTOR | ID                                                        | USA     | 83455       |  |
| MEMBER                                                                                                                                                 | J TRAVIS MOULTON | P.O. BOX 168                                                                                                                                                         | VICTOR | ID                                                        | USA     | 83455       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 12283</b>                                                                                           |                  | 6. Annual Report must be signed.*<br>Signature: Travis Moulton<br>Name (type or print): Travis Moulton<br>Date: 05/06/2009<br>Title: Partner                         |        |                                                           |         |             |  |
| Processed 05/06/2009                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                            |        |                                                           |         |             |  |