| No. W 115351 | | Due no later than Jul 31, 2016 | | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-------------------------------------|--|--|----------------------------|---|------------|----------------|--|
| Return to: | | Annual Report Form | | MICHAEL JAS | MICHAEL JASON HURD 4525 WESLIN TRAIL ISLAND PARK ID 83433 | | | |
| 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. ISLAND PARK ADVENTURES LLC JASON HURD PO BOX 262 | | | | | | |
| | | | | | | | | |
| | | MACKS INN ID 83433 | | 3. <u>New</u> Register | 3. New Registered Agent Signature:* | | | |
| | | | | | | | | |
| 4. Limited Liability Comp | anies: Enter Na | mes and Addresses | of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER MEMBER | MICHAEL JASON HURD TRICIA J HURD | | 4525 WESLIN TRAIL 4525 WESLIN TRAIL | ISLAND PARK ISLAND PARK | ID ID | USA USA | 83429 83429 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Tiffany Mechm | | | Date: 07/28/2016 | | | |
| W 115351 | | Name (type or print): Tiffany Mechm | | | Title: Secretary | | | |
| Processed 07/28/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | | | |