No. <b>W 110064</b>	Due no later than Jan 31, 2013	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form JASEN C HASKINS					
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed		8663 W MOONLIGHT DR BOISE ID 83709  3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	PERMAGRIN ADVENTURES, L.L.C. JASEN C. HASKINS 8663 W MOONLIGHT DR	BOISE ID				
	BOISE ID 83709	3. <u>New</u> Regist				
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Companies: 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 JASEN C. F	HASKINS 8663 W. MOONLIGHT DR.	BOISE	ID	USA	83709	
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID	Signature: Jasen C. Haskins		Date: 11/13/2012			
W 110064	Name (type or print): Jasen C. Haskins		Title: Owner			
Processed 11/13/2012	* Electronically provided signatures are accepted as original signatures.					