

324-2080

No. W 100548	Reinstatement Annual Report Form ADMIN DISSOLVED 05/10/2013		2. Registered Agent and Office (NOT A P.O. BOX) ROBERT THOMPSON 1075 E 1465 N SHELLEY ID 83274																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. RTAT ADVENTURES, LLC ROBERT THOMPSON 1075 E 1465 N SHELLEY ID 83274 ID		3. New Registered Agent Signature.																																				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager ☒ Member ☒</td> <td>Robert Thompson</td> <td>1075 E. 1465 N.</td> <td>Shelley</td> <td>ID</td> <td></td> <td>83274</td> </tr> <tr> <td>Manager ☐ Member ☒</td> <td>Amanda Thompson</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager ☒ Member ☒	Robert Thompson	1075 E. 1465 N.	Shelley	ID		83274	Manager ☐ Member ☒	Amanda Thompson						Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 100548		6. Signature:  Name (type or print): <u>Robert Thompson</u> Title: <u>managing member</u> Date: <u>4/21/2014</u>																																					

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM