No. <b>W 41242</b>		Due no later than Jul 31, 2015		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		204 5 651 55	ERIC OLSEN 201 E CENTER ST POCATELLO ID 83204			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  MOUNTAIN MADE ADVENTURES, LLC GARY M GIFFORD 515 W BRIDGE BLACKFOOT ID 83221 USA						
				3. <u>New</u> Register	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compani	es: Enter Nar	nes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	GARY GIFFORD		515 W BRIDGE	BLACKFOOT	ID	USA	83221	
MEMBER	MEMBER STEVEN J GI		515 W BRIDGE STREET	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Ga		Date: 07/15/2015				
W 41242		Name (type or		Title: Member				
Processed 07/15/2015 * Electronically provided signatures are accepted as original signatures.								