No. **W 7294**	**Due no later than Nov 30, 2009** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: 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.** M.A.P. TRAVEL COMPANY, L.L.C. DALE R ALLDREDGE 2914 MEADOWLARK DR LEWISTON ID 83501	DALE R ALLDREDGE 2914 MEADOWLARK DR LEWISTON ID 83501 3. New 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
MANAGER	DALE R ALLDREDGE	2914 MEADOWLARK DR	LEWISTON	ID	USA	83501

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 7294**	Signature: Dale R Alldredge	Date: 09/15/2009
	Name (type or print): Dale R Alldredge	Title: Manager

Processed 09/15/2009

* Electronically provided signatures are accepted as original signatures.