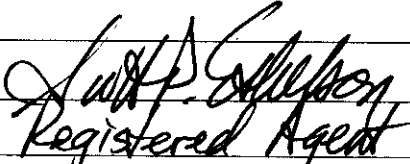


No. W 10050	Due no later than Oct 31, 2002 Annual Report Form		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		SCOTT P ESKELSON 485 E ST IDAHO FALLS, ID 83402													
	HIGH MOUNTAIN ADVENTURES LLC SCOTT P ESKELSON 425 S HOLMES IDAHO FALLS, ID 83401															
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MEMBER MANAGER</td> <td>KRIS WRIGHT</td> <td>1355 East Lincoln Road</td> <td>Idaho Falls</td> <td>ID</td> <td>83401</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	MEMBER MANAGER	KRIS WRIGHT	1355 East Lincoln Road	Idaho Falls	ID	83401
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
MEMBER MANAGER	KRIS WRIGHT	1355 East Lincoln Road	Idaho Falls	ID	83401											
5. Organized Under the Laws of: IDAHO W 10050		6. Signature  Date <u>8-13-02</u> Name (Typed or Printed) <u>Registered Agent</u> Title <u>Scott P. Eskelson</u>														