

|                                                                                                                                                        |              |                                                                                                                                                                                  |      |                                                        |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------------------------|---------|------------------|--|
| No. <b>W 90792</b>                                                                                                                                     |              | <b>Due no later than Feb 28, 2011</b>                                                                                                                                            |      | 2. Registered Agent and Address <b>(NO PO BOX)</b>     |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |              | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>ADVENTURE QUEST, LLC<br>CRISTA VESEL<br>18110 S CLOVERDALE RD<br>KUNA ID 83634 |      | CRISTA VESEL<br>18110 S CLOVERDALE RD<br>KUNA ID 83634 |         |                  |  |
|                                                                                                                                                        |              |                                                                                                                                                                                  |      | 3. <u>New</u> 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                                                                                                                                                | CRISTA VESEL | 18110 S. CLOVERDALE RD.                                                                                                                                                          | KUNA | ID                                                     | USA     | 83634            |  |
| 5. Organized Under the Laws of:                                                                                                                        |              | 6. Annual Report must be signed.*                                                                                                                                                |      |                                                        |         |                  |  |
| <b>ID<br/>W 90792</b>                                                                                                                                  |              | Signature: Crista Vesel                                                                                                                                                          |      |                                                        |         | Date: 12/09/2010 |  |
|                                                                                                                                                        |              | Name (type or print): Crista Vesel                                                                                                                                               |      |                                                        |         | Title: Manager   |  |
| Processed 12/09/2010                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                                        |      |                                                        |         |                  |  |