No. **W 8782**	**Due no later than May 31, 2014** **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.** VOGEL OUTDOOR ADVENTURES, LLC VICKI VOGEL 1009 GRELLE AVE LEWISTON ID 83501	CHRISTOPHER J MOORE 1219 IDAHO ST 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
MEMBER	VICKI VOGEL	1009 GRELLE AVE	LEWISTON	ID	USA	83501
MEMBER	DON VOGEL	1009 GRELL AVE.	LEWISTON	ID	USA	83501

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 8782**	Signature: Vicki Vogel	Date: 04/13/2014
	Name (type or print): Vicki Vogel	Title: Owner/member

Processed 04/13/2014

* Electronically provided signatures are accepted as original signatures.