No. W 8782		Due no later than May 31, 2011	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		Annual Report Form 1. Mailing Address: Correct in this box if needed. VOGEL OUTDOOR ADVENTURES, LLC VICKI VOGEL 1009 GRELLE AVE	CHRISTOPHER J MOORE 1219 IDAHO ST LEWISTON ID 83501			
		LEWISTON ID 83501	3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Compa	anies: Enter Nai	mes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER MEMBER	VICKI VOGE DON VOGEL	L 1009 GRELLE AVE 1009 GRELL AVE.	LEWISTON LEWISTON	ID ID	USA USA	83501 83501
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Vicki Vogel	Date: 03/17/2011			
W 8782		Name (type or print): Vicki Vogel	Title: Member Owner			
Processed 03/17/2011		* Electronically provided signatures are accepted as original signatures.				