

|                                                                                                                                                        |                |                                                                                                                                                                                 |      |                                                     |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------------------------|---------|------------------|--|
| No. <b>W 31704</b>                                                                                                                                     |                | <b>Due no later than Jul 31, 2009</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>WESTERN HERITAGE TOURS, LLC<br>MIKE IHLI<br>643 S SCHOOL AVE<br>KUNA ID 83634 |      | MICHAEL B IHLI<br>643 S SCHOOL AVE<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                                                                                                                                                | MICHAEL B IHLI | 643 S. SCHOOL AVE.                                                                                                                                                              | KUNA | ID                                                  | USA     | 83634            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                                               |      |                                                     |         |                  |  |
| <b>ID<br/>W 31704</b>                                                                                                                                  |                | Signature: Michael B. Ihli                                                                                                                                                      |      |                                                     |         | Date: 07/22/2009 |  |
|                                                                                                                                                        |                | Name (type or print): Michael B. Ihli                                                                                                                                           |      |                                                     |         | Title: Manger    |  |
| Processed 07/22/2009                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                       |      |                                                     |         |                  |  |