

No. W 5030	Annual Report Form <i>Due No Later Than November 30,</i>		1999	2. Registered Agent and Office NOT A P.O. BOX <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> JEFF JENKINS 3874 E 1300 N </div> <div style="border: 1px solid black; padding: 5px;"> ASHTON ID 83420 </div>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> SNOW CREEK ADVENTURES, LLC JEFF JENKINS PO BOX 577 </div> <div style="border: 1px solid black; padding: 5px;"> ASHTON ID 83420 </div>		3. Organized Under the Laws of: <div style="border: 1px solid black; padding: 5px; text-align: center;"> ID W 5030 </div>	
* FIRST NOTICE *				
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>
	JEFF JENKINS	P.O. Box 577	ASHTON	ID
	PORTIA JENKINS	P.O. Box 577	ASHTON	ID
				83420
				83420
5. Signature of New Registered Agent		6. <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Signature <u>Portia Jenkins</u> Date <u>7-15-99</u> </div> <div style="border: 1px solid black; padding: 5px;"> Name (Typed or Printed) <u>PORTIA JENKINS</u> Title <u>MEMBER</u> </div>		
ISSUED: 07-03-1999		2366		