No. W 84846	Reinstatement Annual Report Form ADMIN DISSOLVED 09/07/2011	2. Registered Agent and Office **(NOT A P.O. BOX)** MARY WALTERS 10758 W SPRING RIVER ST BOISE ID 83709
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	**1. Mailing Address: Correct in this box if needed.** ADVENTURE ZONE LLC 5630 N CLOVERDALE BOISE ID 83713	3. New Registered Agent Signature.
REINSTATEMENT **FEE DUE:** $30.00		

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager (Member) (circle one)						
	Mary Walters	5630 N. Cloverdale	Boise	Id	USA	83713

5. Organized Under the Laws of:	6.
IDAHO W 84846	Signature: Mary Walters Date: 12/6/11 Name (type or print): MARY Walters Title: Manager

Issued 12/07/2011 by DK1