

|                                                                                                                                                        |                          |                                                                                                                                                     |            |                                                             |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------|---------|-------------|--|
| No. <b>W 164893</b>                                                                                                                                    |                          | <b>Due no later than Apr 30, 2018</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>1. Mailing Address: Correct in this box if needed.</b><br><br>FUN ADVENTURES, LLC<br>TIM PENBERTHY<br>17877 W BISON TRAIL<br>POST FALLS ID 83854 |            | TIM PENBERTHY<br>17877 W BISON TRAIL<br>POST FALLS ID 83854 |         |             |  |
|                                                                                                                                                        |                          |                                                                                                                                                     |            | 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                                                                                                                                                | KELLY ROXANNE PENBERTHY  | 17877 W BISON TRAIL                                                                                                                                 | POST FALLS | ID                                                          | USA     | 83854-6737  |  |
| MANAGER                                                                                                                                                | TIMOTHY WALTER PENBERTHY | 17877 W BISON TRAIL                                                                                                                                 | POST FALLS | ID                                                          | USA     | 83854-6737  |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 164893</b>                                                                                          |                          | 6. Annual Report must be signed.*<br>Signature: k<br>Name (type or print): k                                                                        |            |                                                             |         |             |  |
| Date: 04/02/2018<br>Title: Manager                                                                                                                     |                          |                                                                                                                                                     |            |                                                             |         |             |  |
| Processed 04/02/2018                                                                                                                                   |                          | * Electronically provided signatures are accepted as original signatures.                                                                           |            |                                                             |         |             |  |