

No. W 30396		Due no later than May 31, 2011 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. OPP ADVENTURES, LLC TIMOTHY P OPP 11770 GOLDENROD AVE BOISE ID 83713 USA		TIMOTHY P OPP 11770 GOLDENROD AVE BOISE ID 83713			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
MEMBER	TIMOTHY P OPP	11770 GOLDENROD AVE	BOISE	ID	USA	83713	
MEMBER	CHERYL D OPP	11770 GOLDENROD AVE	BOISE	ID	USA	83713	
5. Organized Under the Laws of: ID W 30396		6. Annual Report must be signed.* Signature: Tim Opp Name (type or print): Tim Opp					
		Date: 05/04/2011 Title: Member					
Processed 05/04/2011 * Electronically provided signatures are accepted as original signatures.							