| No. C 135975 | | Due no later than Oct 31, 2014 | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|------------------------------------|---|---------------------------|---|---|----------|------------|----------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. EXPERIENTIAL LEARNING ENTERPRISE, INC. ALLAN R BOSCH PO BOX 166 ARCO ID 83213 | | | ALLAN R BOSCH 205 N 10TH ST 4TH FL BOISE 83702 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | Adduses of Du | and Division To | | antiana) | | | |
| 4. Corporations: Enter Names and Busine Office Held Name | | ess addresses of Pr | Street or PO Address | asurer (d | City | State | Country | Postal Code |
| SECRETARY PRESIDENT | ALLAN R. BOSCH MONTE MACCONNELL | | PO BOX 2598 PO BOX 166 | | BOISE ARCO | ID ID | USA USA | 83701 83213 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID C 135975 | | Signature: Monte Macconnell Name (type or print): Monte Macconnell | | | Date: 10/15/2014 Title: President | | | |
| Processed 10/15/2014 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |