

|  |                |  |         |  |                  |             |  |
|--|----------------|--|---------|--|------------------|-------------|--|
| No. <b>W 112672</b>  |                | <b>Due no later than Apr 30, 2017</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>Annual Report Form</b>  |         | ADAM BEAUPRE<br>810 E NORTH AVE<br>CHALLIS ID 83226-0128 |                  |             |  |
|  |                | <b>1. Mailing Address: Correct in this box if needed.</b>                        |         | 3. <u>New</u> Registered Agent Signature:*               |                  |             |  |
|  |                | SEEKS OUT ADVENTURES, LLC<br>ADAM BEAUPRE<br>PO BOX 128<br>CHALLIS ID 83226-0128 |         |  |                  |             |  |
| 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  | ADAM J BEAUPRE | 810 E NORTH AVENUE   | CHALLIS | ID   | USA              | 83226-0128  |  |
| 5. Organized Under the Laws of:  |                | 6. Annual Report must be signed.*  |         |  |                  |             |  |
| <b>ID<br/>W 112672</b>   |                | Signature: ADAM BEAUPRE  |         |  | Date: 02/26/2017 |             |  |
|  |                | Name (type or print): ADAM BEAUPRE   |         |  | Title: MANAGER   |             |  |
| Processed 02/26/2017   |                | * Electronically provided signatures are accepted as original signatures.        |         |  |                  |             |  |