

No. W 61860		Due no later than Apr 30, 2011		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. EXPERIENTIAL ADVENTURES, LLC MAT ERPELDING 2519 W IDAHO BOISE ID 83702		MAT ERPELDING 2519 W IDAHO BOISE ID 83702			
				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	MAT ERPELDING	2519 W IDAHO	BOISE	ID	USA	83702	
MANAGER	GEOFF HARRISON	1802 N 26TH ST	BOISE	ID	USA	83702	
5. Organized Under the Laws of: ID W 61860		6. Annual Report must be signed.* Signature: Geoff Name (type or print): Geoff Date: 02/10/2011 Title: Harrison					
Processed 02/10/2011		* Electronically provided signatures are accepted as original signatures.					