No. **W 67371**	**Due no later than Oct 31, 2017** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** ROBERT'S ADVENTURES LLC ROBERT J LIPSKOCH 380 E 5900 N HAGERMAN ID 83332	ROBERT LIPSKOCH 380 E 5900 N HAGERMAN ID 83332 3. New 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	ROBERT LIPSKOCH	380 E 5900 N	HAGERMAN	ID		83332

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 67371**	Signature: Robert Lipskoch	Date: 09/09/2017
	Name (type or print): Robert Lipskoch	Title: member

Processed 09/09/2017

* Electronically provided signatures are accepted as original signatures.