No. W 67371	Due no later than October 31, 2008 Annual Report Form 1. Mailing Address - Correct in this box. if applicable - ROBERT'S ADVENTURES LLC 380 E 5900 N HAGERMAN, ID 83332		2. Registered Agent and Office NO PO BOX ROBERT LIPSKOCH 380 E 5900 N HAGERMAN, ID 83332 3. New Registered Agent Signature		
Return to:					
SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080					
NO FILING FEE IF RECEIVED BY DUE DATE					
 Limited Liability Compar 	nies: Enter Names and Addresses		2 1.1.1	71-	
Office held Name	Street or P.O. Address	<u>City</u>	State	<u>Zio</u>	
Member Robert Lip	skoch 380 F. 5900 N.	Hagernam	Id	83332	
5. Organized Under the Laws of: IDAHO	6. Signature Robert Name Printed Rake CT	Typsback	Date8	3/26/08	
W 67371	Name Printed or Robert	Lipskoch		reaber	
Issued 08/06/2008	Do Not Tape or	Do Not Tape or Staple		810007106	