

No. W 119459		Due no later than Nov 30, 2015 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		1. Mailing Address: Correct in this box if needed. EXTREME AVENTURA LLC ELIDA LILLY PALACIOS PO BOX 191093 BOISE ID 83719		LILLY PALACIOS 3619 CHUCKWAGON ST BOISE ID 83713			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name ELIDA LILLY PALACIOS	Street or PO Address 2406 W LEMHI ST		City BOISE	State ID	Country USA	Postal Code 83705
5. Organized Under the Laws of: ID W 119459		6. Annual Report must be signed.* Signature: Lilly Palacios Name (type or print): Lilly Palacios Date: 01/07/2016 Title: Owner					
Processed 01/07/2016 * Electronically provided signatures are accepted as original signatures.							