

No. W 61860		Due no later than Apr 30, 2010		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		Annual Report Form		MAT ERPELDING 2519 W IDAHO BOISE ID 83702			
		1. Mailing Address: Correct in this box if needed. EXPERIENTIAL ADVENTURES, LLC GEOFF HARRISON 1802 N 26TH ST 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	GEOFF HARRISON	1802 NORTH 26TH ST	BOISE	ID	USA	83702	
MANAGER	MAT ERPELDING	2519 W IDAHO	BOISE	ID	USA	83702	
5. Organized Under the Laws of: ID W 61860		6. Annual Report must be signed.* Signature: Geoff Harrison Name (type or print): Geoff Harrison Date: 04/09/2010 Title: Managing Member					
Processed 04/09/2010		* Electronically provided signatures are accepted as original signatures.					