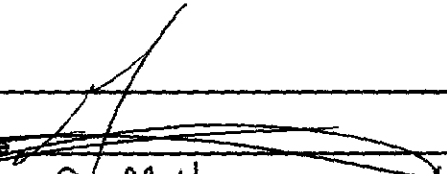


No. W 61860	Due no later than April 30, 2009	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form	MAT ERPELDING
	1. Mailing Address - Correct in this box, if applicable EXPERIENTIAL ADVENTURES, LLC GEOFF HARRISON 1802 N 26TH ST BOISE, ID 83702	1816 W DONALD CIRCLE BOISE, ID 83706 2519 west Idaho Boise, ID 83702 3. <u>New</u> Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held	Name	Street or P.O. Address	City	State	Zip
Manager	Geoff Harrison	1802 N 26th St	Boise	ID	83702
Manager	MAT Erpelding	2519 west Idaho	Boise	ID	83702

5. Organized Under the Laws of: IDAHO W 61860	6. Signature  Name (Typed or Printed) <u>Geoff Harrison</u> Date <u>2/17/09</u> Title <u>Member/Manager</u>
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