No. W 61860	Due no later than April 30, 2009 **Annual Report Form**	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**	1. Mailing Address - Correct in this box, if applicable EXPERIENTIAL ADVENTURES, LLC GEOFF HARRISON 1802 N 26TH ST BOISE, ID 83702	MAT ERPELDING ~~1816 W DONALD CIRCLE~~ ~~BOISE, ID 83706~~ 2519 west Idaho Boise, ID 83702 3. New 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 _____ Date 2/11/09
Name (Typed or Printed) Geoff Harrison Title Member/Manager

Issued 02/02/2009

Do Not Tape or Staple

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