

|                                                                                                                                                        |             |                                                                                                                                                 |        |                                                       |         |                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------|---------|-------------------|--|
| No. <b>W 146577</b>                                                                                                                                    |             | <b>Due no later than Jan 31, 2017</b>                                                                                                           |        | 2. Registered Agent and Address <b>(NO PO BOX)</b>    |         |                   |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |             | <b>1. Mailing Address: Correct in this box if needed.</b><br>CORNERSTONE ATHLETICS LLC<br>AUSTIN EMRY<br>18130 MCINTYRE LANE<br>WILDER ID 83676 |        | AUSTIN EMRY<br>18130 MCINTYRE LANE<br>WILDER ID 83676 |         |                   |  |
|                                                                                                                                                        |             |                                                                                                                                                 |        | 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                                                                                                                                                | AUSTIN EMRY | 18130 MCINTYRE LANE                                                                                                                             | WILDER | ID                                                    | USA     | 83676             |  |
| 5. Organized Under the Laws of:                                                                                                                        |             | 6. Annual Report must be signed.*                                                                                                               |        |                                                       |         |                   |  |
| <b>ID<br/>W 146577</b>                                                                                                                                 |             | Signature: Lori Emry                                                                                                                            |        |                                                       |         | Date: 01/29/2017  |  |
|                                                                                                                                                        |             | Name (type or print): Lori Emry                                                                                                                 |        |                                                       |         | Title: Accountant |  |
| Processed 01/29/2017                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                       |        |                                                       |         |                   |  |