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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------|---------|------------------|--|
| No. <b>W 120918</b>                                                                                                                                    |                | <b>Due no later than Jan 31, 2016</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><br>ATHLETE MECHANICS, LLC.<br>ERIC I SELEKOF<br>4502 CASTLEBAR DR<br>BOISE ID 83703 |       | ERIC I SELEKOF<br>4502 CASTLEBAR DR<br>BOISE ID 83703 |         |                  |  |
|                                                                                                                                                        |                |                                                                                                                                                   |       | 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                                                                                                                                                | ERIC I SELEKOF | 4502 CASTLEBAR DR.                                                                                                                                | BOISE | ID                                                    | USA     | 83703            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                 |       |                                                       |         |                  |  |
| <b>ID<br/>W 120918</b>                                                                                                                                 |                | Signature: Eric I Selekof                                                                                                                         |       |                                                       |         | Date: 01/31/2016 |  |
|                                                                                                                                                        |                | Name (type or print): Eric I Selekof                                                                                                              |       |                                                       |         | Title: Manager   |  |
| Processed 01/31/2016                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                         |       |                                                       |         |                  |  |