| No. **W 21573** | **Due no later than Nov 30, 2012**<br>**Annual Report Form** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **1. Mailing Address: Correct in this box if needed.**<br>INTERMOUNTAIN MARTIAL ARTS L.L.C.<br>DON RIDER<br>455 MAIN AVE EAST<br>TWIN FALLS ID 83301 | DON RIDER<br>455 MAIN AVE EAST<br>TWIN FALLS ID 83301<br><br>3. New 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 | DONALD L RIDER | 709 LOCUST STREET | KIMBERLY | ID | USA | 83341 |
| MANAGER | TERRIE L RIDER | 455 MAIN AVENUE EAST | TWIN FALLS | ID | USA | 83301 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**W 21573** | Signature: Donald L Rider | Date: 09/18/2012 |
| | Name (type or print): Donald L Rider | Title: Manager |

Processed 09/18/2012

* Electronically provided signatures are accepted as original signatures.