

No. <b>W 21573</b>		<b>Due no later than Nov 30, 2010</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  INTERMOUNTAIN MARTIAL ARTS L.L.C. DON RIDER 455 MAIN AVE EAST TWIN FALLS ID 83301		DON RIDER 455 MAIN AVE EAST TWIN FALLS ID 83301			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	TERRIE L RIDER	455 MAIN AVENUE EAST	TWIN FALLS	ID	USA	83301	
MANAGER	DONALD L RIDER	709 LOCUST STREET	KIMBERLY	ID	USA	83341	
5. Organized Under the Laws of:  <b>ID</b> <b>W 21573</b>		6. Annual Report must be signed.*  Signature: Donald Rider Name (type or print): Donald Rider					
		Date: 09/14/2010 Title: Manager					
Processed 09/14/2010		* Electronically provided signatures are accepted as original signatures.					