

|  |                   |  |       |  |         |             |  |
|--|-------------------|--|-------|--|---------|-------------|--|
| No. <b>W 26202</b>   |                   | <b>Due no later than Oct 31, 2012</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>BIKRAM YOGA COLLEGE OF INDIA, BOISE LLC<br>JAMIE MITCHELL<br>3243 FEDERAL WAY STE. B<br>BOISE ID 83705<br>USA |       | JAMIE MITCHELL<br>5608 RANDOLPH DR<br>BOISE ID 83705 |         |             |  |
|  |                   |  |       | 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  | JAMIE MITCHELL    | 5608 RANDOLPH DR   | BOISE | ID   | USA     | 83705       |  |
| MANAGER  | BILLY E. MITCHELL | 5608 RANDOLPH DR.  | BOISE | ID   | USA     | 83705       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 26202</b>   |                   | 6. Annual Report must be signed.*<br>Signature: Jamie Mitchell<br>Name (type or print): Jamie Mitchell   |       |  |         |             |  |
|  |                   | Date: 08/22/2012<br>Title: Manager   |       |  |         |             |  |
| Processed 08/22/2012   |                   | * Electronically provided signatures are accepted as original signatures.  |       |  |         |             |  |