

|  |              |  |       |  |         |                  |  |
|--|--------------|--|-------|--|---------|------------------|--|
| No. <b>W 155239</b>  |              | <b>Due no later than Aug 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>BOISE KIDS YOGA LLC<br>2913 SWALLOWTAIL LN<br>BOISE ID 83706<br>USA |       | ALIYAH JENNINGS<br>2913 SWALLOWTAIL LN<br>BOISE ID 83706 |         |                  |  |
|  |              |  |       | 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      |  |
| MEMBER   | ALIYAH GUILL | 2913 S SWALLOWTAIL LN  | BOISE | ID   | USA     | 83706            |  |
| 5. Organized Under the Laws of:  |              | 6. Annual Report must be signed.*  |       |  |         |                  |  |
| <b>ID<br/>W 155239</b>   |              | Signature: aliyahjennings  |       |  |         | Date: 09/20/2016 |  |
|  |              | Name (type or print): aliyahjennings   |       |  |         | Title: owner     |  |
| Processed 09/20/2016   |              | * Electronically provided signatures are accepted as original signatures.  |       |  |         |                  |  |