

No. <b>W 53269</b>		Due no later than Aug 31, 2009 <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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> EXPERIENTIAL TRAINING & COACHING, LLC TREVOR J LAURENCE PO BOX 62091 MT WELLINGTON AUCKLAND NEW ZEALAND 1130		SCOTT A TSCHIRGI 601 W BANNOCK ST BOISE ID 83702	
				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	TREVOR LAURENCE	PO BOX 62091 MT WELLINGTON	AUCKLAND 1130		NEW ZEALAND
5. Organized Under the Laws of:  <b>ID W 53269</b>		6. Annual Report must be signed.* Signature: Jan McKenzie Name (type or print): Jan McKenzie Date: 08/27/2009 Title: Business Manager			
Processed 08/27/2009		* Electronically provided signatures are accepted as original signatures.			