

No. <b>W 53269</b>		<b>Due no later than Aug 31, 2014</b>		<b>2. Registered Agent and Address (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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> EXPERIENTIAL TRAINING & COACHING, LLC TREVOR J LAURENCE PO BOX 51 PAEKAKARIKI KAPITI COAST WN NEW ZEALAND 5258		SCOTT A TSCHIRGI 209 W MAIN 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 51 PAEKAKARIKI	KAPITI COAST 5258	WN	NEW ZEALAND 5258
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: 07/09/2014 Title: Business Manager			
Processed 07/09/2014		* Electronically provided signatures are accepted as original signatures.			