| No. W 67533 | | Due no later than Oct 31, 2017 | | 2 | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-----------------|--|--------------------------------------|---|--|-------|---------|-------------|
| Return to: | | Annual Report Form | | | PHYLLIS LAMKEN | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. JACKSON HOLE POSITIVE TRAINING LLC BARBARA LARKIN PO BOX 2994 JACKSON WY 83001 | | | 1717 PROUDFOOT LN VICTOR ID 83455 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Comp | anies: Enter Na | mes and Addresse | s of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| MEMBER | BARBARA L | ARKIN | PO BOX 2994 | | JACKSON | WY | | 83001 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| WY W 67533 | | Signature: Barbara Larkin | | | Date: 08/24/2017 | | | |
| | | Name (type or print): Barbara Larkin | | | Title: LLC Member | | | |
| Processed 08/24/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |