

No. W 55195	Due no later than October 31, 2007 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable CLAYS COACHING, LLC 3127 SNOWFLAKE WY BOISE, ID 83706		ANTHONY M BARBERO 3127 SNOWFLAKE WY BOISE, ID 83706												
3. <u>New</u> Registered Agent Signature															
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th data-bbox="56 440 203 471"><u>Office held</u></th> <th data-bbox="243 440 316 471"><u>Name</u></th> <th data-bbox="519 419 771 455"><u>Street or P.O. Address</u></th> <th data-bbox="1039 409 1088 440"><u>City</u></th> <th data-bbox="1242 398 1307 429"><u>State</u></th> <th data-bbox="1421 393 1469 424"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="32 492 170 538">MEMBER</td> <td data-bbox="219 476 560 528">ANTHONY M. BARBERO</td> <td data-bbox="609 455 974 502">3127 SNOWFLAKEWAY</td> <td data-bbox="1015 445 1120 481">BOISE</td> <td data-bbox="1242 440 1291 471">ID</td> <td data-bbox="1404 424 1534 461">83706</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	MEMBER	ANTHONY M. BARBERO	3127 SNOWFLAKEWAY	BOISE	ID	83706
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
MEMBER	ANTHONY M. BARBERO	3127 SNOWFLAKEWAY	BOISE	ID	83706										
5. Organized Under the Laws of: IDAHO W 55195		6. Signature <u>Anthony M Barbero</u> Date <u>9/5/07</u> Name (Typed or Printed) <u>ANTHONY M BARBERO</u> Title <u>Member</u>													

Issued 08/02/2007

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