

|  |                  |   |        |  |         |                      |  |
|--|------------------|---|--------|--|---------|----------------------|--|
| No. <b>W 44094</b>   |                  | <b>Due no later than Oct 31, 2007</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>BURGESS' INTERMOUNTAIN MARTIAL ARTS LLC<br>JOSHUA D BURGESS<br>440 W 90 N<br>BURLEY ID 83318 |        | JOSHUA D BURGESS<br>440 W 90 N<br>BURLEY ID 83318  |         |                      |  |
|  |                  |   |        | 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  | JOSHUA D BURGESS | 440 W 90 N  | BURLEY | ID   | USA     | 83318                |  |
| 5. Organized Under the Laws of:  |                  | 6. Annual Report must be signed.*   |        |  |         |                      |  |
| <b>ID<br/>W 44094</b>  |                  | Signature: Joshua Burgess   |        |  |         | Date: 10/25/2007     |  |
|  |                  | Name (type or print): Joshua Burgess  |        |  |         | Title: Owner/manager |  |
| Processed 10/25/2007   |                  | * Electronically provided signatures are accepted as original signatures.   |        |  |         |                      |  |