

No. W 90899	Due no later than Feb 29, 2012 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) KIM WHITING 501 W TWO RIVERS DR EAGLE ID 83616	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. PEAK PERFORMANCE LLC KIM WHITING 501 W TWO RIVERS DR EAGLE ID 83616-7121		3. <u>New</u> Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.				
Manager or Member Name Street or PO Address City State Country Postal Code				
Manager Member (circle one)				
<div style="display: flex; justify-content: space-between; padding: 10px;"> Kim Whiting 70 Hawoli St. #206 Wailuku HI 96793 </div>				
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 90899 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;"> Signature: <u>Kim Whiting</u> Name (type or print): <u>Kim Whiting</u> </div> <div style="width: 35%;"> Date: <u>1-14-12</u> Title: <u>President</u> </div> </div>		
Issued 01/09/2012 by SLD				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM