

|                                                                                                                                                        |                 |                                                                                      |            |                                                    |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------|------------|----------------------------------------------------|------------------|-------------|--|
| No. <b>W 60625</b>                                                                                                                                     |                 | <b>Due no later than Mar 31, 2013</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>Annual Report Form</b>                                                            |            | K Q SEIBERT<br>917 S ALLANTE PL<br>BOISE ID 83709  |                  |             |  |
|                                                                                                                                                        |                 | <b>1. Mailing Address: Correct in this box if needed.</b>                            |            | 3. <u>New</u> Registered Agent Signature:*         |                  |             |  |
|                                                                                                                                                        |                 | AHEAD OF THE KURVE, LLC<br>KAIL Q. SEIBERT<br>PO BOX 190401<br>BOISE ID 83719<br>USA |            |                                                    |                  |             |  |
| 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 |  |
| MEMBER                                                                                                                                                 | KAIL Q SEIBERT  | 917 S. ALLANTE PLACE                                                                 | BOISE      | ID                                                 | USA              | 83709       |  |
| MEMBER                                                                                                                                                 | DEBORAH COLEMAN | 414 RIVERVIEW RD                                                                     | ST ANTHONY | ID                                                 | USA              | 83445       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                    |            |                                                    |                  |             |  |
| <b>ID<br/>W 60625</b>                                                                                                                                  |                 | Signature: Kail Q Seibert                                                            |            |                                                    | Date: 01/23/2013 |             |  |
|                                                                                                                                                        |                 | Name (type or print): Kail Q Seibert                                                 |            |                                                    | Title: Member    |             |  |
| Processed 01/23/2013                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.            |            |                                                    |                  |             |  |