

|  |             |   |       |  |         |             |  |
|--|-------------|---|-------|--|---------|-------------|--|
| No. <b>W 86294</b>   |             | <b>Due no later than Aug 31, 2011</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><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>EMPTY HAND COMBAT, LLC<br>SARAH ZIMIK<br>2522 CARMEL CT<br>NAMPA ID 83687 |       | SARAH ZIMIK<br>2522 CARMEL CT<br>NAMPA ID 83687    |         |             |  |
|  |             |   |       | 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 |  |
| MEMBER   | COSMO ZIMIK | 2522 CARMEL CT  | NAMPA | ID   | USA     | 83687       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 86294</b>   |             | 6. Annual Report must be signed.*<br>Signature: Sarah Zimik<br>Name (type or print): Sarah Zimik<br>Date: 09/01/2011<br>Title: Owner  |       |  |         |             |  |
| Processed 09/01/2011   |             | * Electronically provided signatures are accepted as original signatures.   |       |  |         |             |  |