

No. <b>W 42617</b>	<b>Due no later than Sep 30, 2006</b> <b>Annual Report Form</b>	2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>  KIM'S TAEKWONDO SCHOOL LLC DAVID J KNIFE PO BOX 4802 BOISE ID 83711	DAVID J KNIFE 6418 FAIRVIEW AVE BOISE ID 83704			
		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	DAVID J KNIFE	5141 N SAMSON	BOISE	ID	83704
5. Organized Under the Laws of:  <b>IDAHO W 42617</b>	6. Annual Report must be signed.* Signature: David Knife Name (type or print): David Knife		Date: 10/18/2006 Title: Manager		
Processed 10/18/2006		* Electronically provided signatures are accepted as original signatures.			