

No. W 63524	Due no later than Jun 30, 2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. ELEVATION SPORTS LLC RYAN K KOBER 1170 BLUE LAKES BLVD N. TWIN FALLS ID 83301		KEN KOBER 1204 JESSICA AVE FRUITLAND ID 83619			
			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	RYAN KOBER	2690 LONGBOW DR.	TWIN FALLS	ID	USA	83301
MANAGER	KEN KOBER	664 SUNSHINE DR	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID W 63524	6. Annual Report must be signed.* Signature: Ryan Kober Name (type or print): Ryan Kober		Date: 04/13/2009 Title: Manager/Owner			
Processed 04/13/2009		* Electronically provided signatures are accepted as original signatures.				