

No. W 30823		Due no later than May 31, 2007 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		1. Mailing Address: Correct in this box if needed. IDAHO WOLVES ACADEMY, LLC C. WYN BOWMAN, 1461 THREE FOUNTAIN DR IDAHO FALLS ID 83404		C WYN BOWMAN 1461 THREE FOUNTAIN DR IDAHO FALLS ID 83404			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name C WYN BOWMAN	Street or PO Address 1461 THREE FOUNTAIN DR		City IDAHO FALLS	State ID	Country	Postal Code 83404
5. Organized Under the Laws of: IDAHO W 30823		6. Annual Report must be signed.* Signature: C. Wyn Bowman, CPA Name (type or print): C. Wyn Bowman, CPA Date: 03/07/2007 Title: Owner/Managing Mem.					
Processed 03/07/2007 * Electronically provided signatures are accepted as original signatures.							