

No. W 53269		Due no later than Aug 31, 2013		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. EXPERIENTIAL TRAINING & COACHING, LLC TREVOR J LAURENCE PO BOX 62091 MT WELLINGTON AUCKLAND AK NEW ZEALAND 1060		SCOTT A TSCHIRGI 209 W MAIN ST BOISE ID 83702	
				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	TREVOR LAURENCE	PO BOX 62091 MT WELLINGTON	AUCKLAND	AK	NEW ZEALAND 1060
5. Organized Under the Laws of: ID W 53269		6. Annual Report must be signed.* Signature: Jan L McKenzie Name (type or print): Jan L McKenzie			
Date: 06/28/2013 Title: Business Manager					
Processed 06/28/2013		* Electronically provided signatures are accepted as original signatures.			