No. W 100597	Due no later than Feb 29, 2012		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form 1. Mailing Address: Correct in this box if needed. LHOTSE YOGA, LLC JENNIFER M STEVENS 11895 W CLOVER MEADOWS DR.		JENNIFER MAUREEN STEPHENS 11895 W CLOVER MEADOWS DR. BOISE ID 83713				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080							
NO FILING FEE IF RECEIVED BY DUE DATE BOISE ID 83713 USA			3. New Registo	ered Agent Si	ignature:*		
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 JENNIFER M	I STEVENS	11895 W. CLOVER MEADOWS DR.	BOISE	ID	USA	83713	
5. Organized Under the Laws of:	6. Annual Report must						
ID	Signature: Jennifer M. Stevens		Date: 04/23/2012				
W 100597	Name (type or print)	Title: Owner					
Processed 04/23/2012	* Electronically provided signatures are accepted as original signatures.						