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| No. W 33067 | | Due no later than Sep 30, 2009 | | 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. INTEGRATIVE PERFORMANCE, LLC ERIK A KAMPE PO BOX 661 VICTOR ID 83455 | | ERIK KAMPE 56 DEER DR VICTOR ID 83455 | |
| | | | | 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 |
| MEMBER | ERIK KAMPE | PO BOX 661 | VICTOR | ID | USA 83455 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | |
| ID W 33067 | | Signature: Erik Kampe Name (type or print): Erik Kampe | | Date: 10/29/2009 Title: President | |
| Processed 10/29/2009 | | * Electronically provided signatures are accepted as original signatures. | | | |