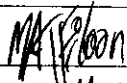
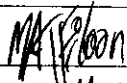
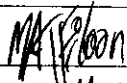


No. W 21384	Due no later than November 30, 2003 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	<div style="background-color: black; color: white; padding: 2px; text-align: center;">1. Mailing Address - Correct in this box, if applicable</div> BIKRAM YOGA COLLEGE OF INDIA/SUN VA PO BOX 6994 KETCHUM, ID 83340	MATTHEW FILOON 418 WARM SPRINGS RD KETCHUM, ID 83340
NO FILING FEE IF RECEIVED BY DUE DATE		3. <u>New</u> Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Owner	Matthew M. Filoon	Box 6994	Ketchum	Idaho	83340
Owner(wife)	Jessica S. Soine	Box 6993	Ketchum	Idaho	83340

5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 21384</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> Signature  </td> <td style="width: 50%;"> Date <u>10/1/03</u> </td> </tr> <tr> <td> Name <small>(Type) or Printed)</small> <u>Matthew M. Filoon</u> </td> <td> Title <u>Owner</u> </td> </tr> </table>	Signature 	Date <u>10/1/03</u>	Name <small>(Type) or Printed)</small> <u>Matthew M. Filoon</u>	Title <u>Owner</u>
Signature 	Date <u>10/1/03</u>				
Name <small>(Type) or Printed)</small> <u>Matthew M. Filoon</u>	Title <u>Owner</u>				