

|                                                                                                                                                        |                 |                                                                                   |       |                                                    |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------|-------|----------------------------------------------------|------------------|-------------|--|
| No. <b>W 87427</b>                                                                                                                                     |                 | <b>Due no later than Oct 31, 2015</b>                                             |       | 2. Registered Agent and Address <b>(NO PO BOX)</b> |                  |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>Annual Report Form</b>                                                         |       | HEATHER K MCCOY<br>92 ROY WAY<br>SAGLE ID 83860    |                  |             |  |
|                                                                                                                                                        |                 | <b>1. Mailing Address: Correct in this box if needed.</b>                         |       | 3. <u>New</u> Registered Agent Signature:*         |                  |             |  |
|                                                                                                                                                        |                 | DYNASTY TAEKWONDO, LLC<br>HEATHER K MCCOY<br>PO BOX 1126<br>SAGLE ID 83860<br>USA |       |                                                    |                  |             |  |
| 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                                                                                                                                                | MATHIEU C MCCOY | PO BOX 1126                                                                       | SAGLE | ID                                                 | USA              | 83860       |  |
| MEMBER                                                                                                                                                 | HEATHER K MCCOY | PO BOX 1126                                                                       | SAGLE | ID                                                 | USA              | 83860       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                 |       |                                                    |                  |             |  |
| <b>ID<br/>W 87427</b>                                                                                                                                  |                 | Signature: Heather McCoy                                                          |       |                                                    | Date: 09/04/2015 |             |  |
|                                                                                                                                                        |                 | Name (type or print): Heather McCoy                                               |       |                                                    | Title: Member    |             |  |
| Processed 09/04/2015                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.         |       |                                                    |                  |             |  |