No. W 53269	Reinstatement Annual Report Form ADMIN DISSOLVED 11/14/2012 1. Mailing Address: Correct in this box if needed. EXPERIENTIAL TRAINING & COACHING, LLC TREVOR J LAURENCE PO BOX 62091 MT WELLINGTON AUCKLAND NEW ZEALAND 1060	2. Registered Agent and Office (NOT A P.O. BOX) SCOTT A TSCHIRGI 209 W MAIN ST BOISE ID 83702
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		
REINSTATEMENT FEE DUE: \$30.00		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. Manager or Member Name Street or PO Address City State Country Postal Code Manager Member Jan McKenzie PO Box 62091, Sylvia Park, Auckland, New Zealand 1060		
Manager ☑ Member ☐ Manager ☐ Member ☐	Trevor Laurence PO Box 62091, Sylvia Park, Aucl	kland New Zealand 1060
Manager Member		
5. Organized Under the Later IDAHO W 53269	ws of: 6. Signature: Name (type or print):	Date: 28 Nov 2012 Title:
	Jan McKenzie	Business Mgr
Issued 11/21/2012 by PEH		