

|                                                                                                                                                        |             |                                                                                                                                                    |        |                                                       |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------|---------|------------------|--|
| No. <b>W 44712</b>                                                                                                                                     |             | <b>Due no later than Nov 30, 2009</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>1. Mailing Address: Correct in this box if needed.</b><br>LISA JENNER-PILATES, LLC<br>LISA JENNER<br>PO BOX 2450<br>HAILEY ID 83333-2450<br>USA |        | LISA JENNER<br>613 N. RIVER STREET<br>HAILEY ID 83333 |         |                  |  |
|                                                                                                                                                        |             |                                                                                                                                                    |        | 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                                                                                                                                                 | LISA JENNER | PO BOX 2450                                                                                                                                        | HAILEY | ID                                                    | USA     | 83333            |  |
| 5. Organized Under the Laws of:                                                                                                                        |             | 6. Annual Report must be signed.*                                                                                                                  |        |                                                       |         |                  |  |
| <b>ID<br/>W 44712</b>                                                                                                                                  |             | Signature: Lisa Jenner                                                                                                                             |        |                                                       |         | Date: 09/15/2009 |  |
|                                                                                                                                                        |             | Name (type or print): Lisa Jenner                                                                                                                  |        |                                                       |         | Title: Owner     |  |
| Processed 09/15/2009                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                          |        |                                                       |         |                  |  |