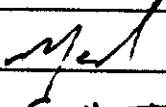


No. W 53269	Due no later than Aug 31, 2007 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable EXPERIENTIAL TRAINING & COACHING, L PO BOX 62091 MT WELLINGTON AUCKLAND 1130, NEW ZEALAND		SCOTT A TSCHIRGI 601 W BANNOCK ST BOISE, ID 3. New Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Trevor Lawrence</td> <td>P.O. Box 62091</td> <td>Mt. Wellington</td> <td>Auckland</td> <td>1130 New Zealand</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Manager	Trevor Lawrence	P.O. Box 62091	Mt. Wellington	Auckland	1130 New Zealand
Office held	Name	Street or P.O. Address	City	State	Zip										
Manager	Trevor Lawrence	P.O. Box 62091	Mt. Wellington	Auckland	1130 New Zealand										
5. Organized Under the Laws of: IDAHO W 53269		6. Signature  Date <u>7.12.07</u> Name (Typed or Printed) <u>Scott Tschirgi</u> Title <u>Regd. Agent/Atty</u>													

Issued 09/12/2007 by KAH

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