/6/2018

W 58334

No. W 58334	Reinstatement Annual Report Form ADMIN DISSOLVED 04/30/2018	2. Registered Agent and Office **(NOT A P.O. BOX)**
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	**1. Mailing Address: Correct in this box if needed.** VALIANT ARENA LLC VALIANT ARENA 34127 POWELL RD LEWISTON ID 83501	TRACY HAMMOND 34127 POWELL RD LEWISTON ID 83501
REINSTATEMENT FEE **DUE:** $30.00		3. New 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 [X] Member [ ]	Tracy Hammond	34127 Powell Rd	Lewiston	ID		83501
Manager [ ] Member [ ]						
Manager [ ] Member [ ]						
Manager [ ] Member [ ]						

5. Organized Under the Laws of:	6.
IDAHO W 58334	Signature: Tracy D. Hammond Name (type or print): Tracy D. Hammond Date: 6-6-18 Title: manager

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