No. **W 42617**	**Due no later than Sep 30, 2012**	2. Registered Agent and Address **(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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** KIM'S TAEKWONDO SCHOOL LLC DAVID J KNIFE 5141 N SAMSON AVE BOISE ID 83704	DAVID J KNIFE 6418 FAIRVIEW AVE BOISE ID 83704 3. New 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
MANAGER	DAVID J KNIFE	5141 N SAMSON	BOISE	ID	USA	83704
MANAGER	MARTHA E KNIFE	5141 N SAMSON	BOISE	ID	USA	83704

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 42617**	Signature: David Knife	Date: 10/05/2012
	Name (type or print): David Knife	Title: Manager

Processed 10/05/2012

* Electronically provided signatures are accepted as original signatures.