No. W 15419	D	Due no later than May 31, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		TIA SOUTHWICK			
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed. SOUTHWICK BLACK BELT ACADEMY, LLC TIA M SOUTHWICK 2250 BITTERN DRIVE AMMON ID 83406 USA		2250 BITTERN DR AMMON 83406			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	TIA M SOU						
	AMMON ID			3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Limited Liability Companies: Ent	er Names and Addres	ses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	SOUTHWICK	2250 BITTERN DR	AMMON	ID		83406	
MEMBER TIA SOUTHWICK		2250 BITTERN DR	AMMON	ID		83406	
5. Organized Under the Laws of: 6. Annual Repo		ort must be signed.*					
ID ID	Signature: S	Signature: SCOTT SOUTHWICK Date: 03/25/2015					
W 15419	Name (type	Name (type or print): SCOTT SOUTHWICK Title: MANAGER					
Processed 03/25/2015	* Electronically	* Electronically provided signatures are accepted as original signatures.					