


No. W 48985	Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2015		2. Registered Agent and Office (NOT A P.O. BOX) KENNETH R SCHOLZ 2441 CARNEGIE ST CALDWELL ID 83607
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. CHRISTIAN LIFE, LLC KENNETH R SCHOLZ 2411 CARNEGIE ST CALDWELL ID 83607		3. <u>New</u> 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 <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Kenneth Scholz 2411 Carnegie St Caldwell, ID 83607		
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Carol Scholz 2411 Carnegie St, Caldwell, ID 83607		
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 48985 </div>		6. Signature:  <hr/> Name (type or print): <u>Kenneth Scholz</u> <hr/> <div style="display: flex; justify-content: space-between;"> <div> Date: <u>8/2/16</u> Title: <u>Manager</u> </div> </div>	

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM