

No. W 75662	Reinstatement Annual Report Form ADMIN DISSOLVED 10/04/2016		2. Registered Agent and Office (NOT A P.O. BOX) JEFFREY DAVID ALLEN 7 HUNT RD BOISE ID 83629-8362 Horseshoe Bend ID																																			
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. COACHING CLARITY LLC JEFFREY DAVID ALLEN 7 HUNT RD BOISE ID 83629 Horseshoe Bend ID		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Jeffrey David Allen</td> <td>7 Hunt Rd</td> <td>Horseshoe Bend</td> <td>ID</td> <td>USA</td> <td>83629</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Tammy L Allen</td> <td>7 Hunt Rd</td> <td>Horseshoe Bend</td> <td>ID</td> <td>83629</td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Jeffrey David Allen	7 Hunt Rd	Horseshoe Bend	ID	USA	83629	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Tammy L Allen	7 Hunt Rd	Horseshoe Bend	ID	83629		Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Do not use the use of this form. Pay special attention to the mailing address. If the