


No. W 115071	Reinstatement Annual Report Form ADMIN DISSOLVED 09/10/2013		2. Registered Agent and Office (NOT A P.O. BOX) J MICHAEL KOHL 485 CANDLEHILL LANE ATHOL ID 83801
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. NORTHWEST LIFE COACHING LLC PO BOX 927 PO Box 840 ATHOL ID 83801		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 type="checkbox"/> Member <input checked="" type="checkbox"/>	J. Michael Kohl	PO Box 840	Athol ID 83801
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
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 115071 </div>		6. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Signature:  <hr/> Name (type or print): J. Michael Kohl </div> <div style="width: 35%;"> Date: 11.5.2013 <hr/> Title: Member </div> </div>	
Issued 09/25/2013 by KAH			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM