

No. W 115071		Reinstatement Annual Report Form ADMIN DISSOLVED 09/10/2013		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> 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		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.																																				
REINSTATEMENT FEE DUE: \$30.00																																								
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																								
<table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>J. Michael Kohl</td> <td>PO Box 840</td> <td>ATHOL</td> <td>ID</td> <td>US</td> <td>83801</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> <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 type="checkbox"/> Member <input checked="" type="checkbox"/>	J. Michael Kohl	PO Box 840	ATHOL	ID	US	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"/>						
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5. Organized Under the Laws of:		6.																																						
IDAHO W 115071		<p>Signature: </p> <p>Name (type or print): <u>J. Michael Kohl</u></p> <p>Date: <u>11-5-2013</u></p> <p>Title: <u>Member</u></p>																																						
Issued 09/25/2013 by KAH																																								

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**