

No. W 42617	Due no later than Sep 30, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. KIM'S TAEKWONDO SCHOOL LLC DAVID J KNIFE 5141 N SAMSON AVE BOISE ID 83704		DAVID J KNIFE 12505 W CHINDEN BLVD BOISE ID 83704			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	DAVID J KNIFE	5141 N SAMSON	BOISE	ID	USA	83704
MANAGER	MARTHA E KNIFE	5141 N SAMSON	BOISE	ID	USA	83704
5. Organized Under the Laws of: ID W 42617	6. Annual Report must be signed.* Signature: David Knife Name (type or print): David Knife		Date: 08/17/2014 Title: Manager			
Processed 08/17/2014		* Electronically provided signatures are accepted as original signatures.				