

No. <b>C 109417</b>		<b>Due no later than Feb 28, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  LEWISTON WRESTLING CLUB, INC. AARON LOCKART PO BOX 1926 LEWISTON ID 83501		AARON T LOCKART 1418 14TH AVE LEWISTON 83501		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	BRUCE SCHULZ	1013 HEMLOCK DR	LEWISTON	ID	USA	83501
DIRECTOR	TODD VANHORN	1409 GRELLE AVE	LEWISTON	ID	USA	83501
DIRECTOR	CHRIS BREMER	1918 BIRCH CT	LEWISTON	ID	USA	83501
DIRECTOR	GARTH EVANS	1916 BIRCH CT	LEWISTON	ID	USA	83501
DIRECTOR	WADE HENDREN	28607 TUMBLEWEED LN	SWEET WATER	ID	USA	83540
DIRECTOR	EMIL FLIGER	1510 BURRELL DRIVE	LEWISTON	ID	USA	83501
DIRECTOR	BRANDON WHITLOCK	3222 9TH STREET	LEWISTON	ID	USA	83501
PRESIDENT	AARON LOCKART	1418 14TH AVE	LEWISTON	ID	USA	83501
VICE PRESIDENT	WEEKS JOHNNY	1536 CEDAR DR	LEWISSTON	ID	USA	83540
SECRETARY	JOANNA HENDREN	28607 TUMBLEWEED LN	SWEET WATER	ID	USA	83540
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
<b>ID C 109417</b>		Signature: JoAnna Hendren			Date: 02/16/2015	
		Name (type or print): JoAnna Hendren			Title: Secretary	
Processed 02/16/2015		* Electronically provided signatures are accepted as original signatures.				