

FILED EFFECTIVE

REINSTATEMENT

No. <b>W 44917</b>	<b>Annual Report Form</b> ADMIN DISSOLVED 02/06/2008	2. Registered Agent and Office <b>NOT A P.O. BOX</b>												
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  FEE DUE \$30.00	1. Mailing Address - Correct in this box, if applicable  IDAHO SOCCER ACADEMY, LLC (THE) CHRIS WATTS 1191 CABIN COVE  IDAHO FALLS, ID 83404	CHRIS WATTS 1191 CABIN COVE  IDAHO FALLS, ID 83404  3. <u>New</u> registered agent signature												
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of management. Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners. <table border="1"><thead><tr><th>Office held</th><th>Name</th><th>Street or P.O. Address</th><th>City</th><th>State</th><th>Zip</th></tr></thead><tbody><tr><td>MANAGER</td><td>CHRISTOPHER E. WATTS</td><td>1191 CABIN COVE</td><td>IDAHO FALLS,</td><td>ID</td><td>83404</td></tr></tbody></table>			Office held	Name	Street or P.O. Address	City	State	Zip	MANAGER	CHRISTOPHER E. WATTS	1191 CABIN COVE	IDAHO FALLS,	ID	83404
Office held	Name	Street or P.O. Address	City	State	Zip									
MANAGER	CHRISTOPHER E. WATTS	1191 CABIN COVE	IDAHO FALLS,	ID	83404									
5. Organized under the laws of:  IDAHO W 44917	6. Signature <u>Christopher E. Watts</u> Date <u>02-23-08</u> Name (Typed or Printed) <u>CHRISTOPHER E. WATTS</u> Title <u>MANAGER</u>													

Issued 2/13/2008 by CLH