




No. W 130405	Reinstatement Annual Report Form ADMIN DISSOLVED 01/25/2016		2. Registered Agent and Office (NOT A P.O. BOX) KYLE MICHAEL SELA 652 PALMETTO DR EAGLE ID 83616
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. SELA ATHLETIC DEVELOPMENT AND REHABILITATION, PLLC KYLE MICHAEL SELA 652 PALMETTO DR EAGLE ID 83616		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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Kyle Sela	652 Palmetto Dr	Eagle	ID	US	83616
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-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 130405</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>5/9/2017</u> </td> </tr> <tr> <td> Name (type or print): <u>Kyle Sela</u> </td> <td> Title: <u>Owner/Manager</u> </td> </tr> </table>	Signature: 	Date: <u>5/9/2017</u>	Name (type or print): <u>Kyle Sela</u>	Title: <u>Owner/Manager</u>
Signature: 	Date: <u>5/9/2017</u>				
Name (type or print): <u>Kyle Sela</u>	Title: <u>Owner/Manager</u>				

Issued 05/09/2017 by JL1