No. C 158514		Due no later than Jan 31, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. ACADEMY INC. (THE) JOEL LOVSTEDT 1295 ALPINE AVE CHUBBUCK ID 83202-3100 USA		2. Registered Ag	2. Registered Agent and Address (NO PO BOX) ANNIE DIXON 1295 ALPINE AVE CHUBBUCK ID 83202-3100 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE								
				3. <u>New</u> Registere				
4. Corporations: Enter Na	mes and Busin	ess Addresses of Pr	esident, Secretary, and Directors. Treasu	ırer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	BRYCE HOLLINGSHEAD		16206 S ROBIN RD	ARIMO	ID	USA	83214	
SECRETARY	CURTIS NIELSON		12811 TRIPLE CROWN	POCATELLO	ID	USA	83202	
TREASURER	DANNIS ADAMSON		500 BERRETT AVE	POCATELLO	ID	USA	83201	
PRESIDENT ANNIE DIXON			535 GARY ST.	POCATELLO	ID	USA	83201	
VICE PRESIDENT MARK STENBER			12700 PREAKNESS CIRCLE	POCATELLO	ID	USA	83201	
DIRECTOR	AMNA RAHIM		3488 MCCALEB DRIVE	POCATELLO	ID	USA	83201	
DIRECTOR			955 SOUTH ARTHUR AVE	POCATELLO	ID	USA	83204	
DIRECTOR	CALI JOHNS	ON	1295 ALPINE AVE	CHUBBUCK	ID	USA	83202	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 158514		Signature: Joel Lovstedt II		D	Date: 11/27/2017			
		Name (type or print): Joel Lovstedt II		Т	Title: Administrator			
Processed 11/27/2017		* Electronically pro	vided signatures are accepted as original	signatures.				