

<b>No. W 58334</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 04/21/2015</b>  <b>1. Mailing Address: Correct in this box if needed.</b> VALIANT ARENA LLC 34127 POWELL RD LEWISTON ID 83501	<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> TRACY HAMMOND 34127 POWELL RD LEWISTON ID 83501  <b>3. <u>New</u> Registered Agent Signature.</b>																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See instructions.</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 20%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6">Tracy Hammond 34127 Powell Rd Lewiston, ID</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6">Nezperce County</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6">83501</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Tracy Hammond 34127 Powell Rd Lewiston, ID						Manager <input type="checkbox"/> Member <input type="checkbox"/>	Nezperce County						Manager <input type="checkbox"/> Member <input type="checkbox"/>	83501						Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<b>5. Organized Under the Laws of:</b>  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 58334</b> </div>	<b>6.</b> Signature: <u>Tracy D. Hammond</u> Name (type or print): <u>Tracy D. Hammond</u> Date: <u>4-29-15</u> Title: <u>manager</u>																																				
Issued 04/29/2015 by online																																					

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the**