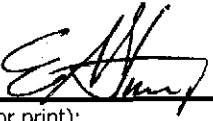


No. C 182332	Reinstatement Annual Report Form ADMIN DISSOLVED 06/07/2012		2. Registered Agent and Office (NOT A P.O. BOX)																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. TREASURE VALLEY JUDO CLUB LIMITED MARK P COONTS 4319 FREEMONT ST 4437 Sage Creek Dr. BOISE ID 83706 Boise, ID. 83714		RODNEY LIMA 8251 POMONA CT BOISE ID 83706 2934 N. Cloverdale Rd. Boise, ID. 83713 3. New Registered Agent Signature.																																			
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Rodney Lima</td> <td>2934 N. Cloverdale Rd.</td> <td>Boise</td> <td>Id.</td> <td>USA</td> <td>83713</td> </tr> <tr> <td>VP</td> <td>Steve Viera</td> <td>4337 S. Redhawk Wy.</td> <td>Boise</td> <td>Id.</td> <td>USA</td> <td>83716</td> </tr> <tr> <td>Treasurer</td> <td>Eric A. Stunz</td> <td>2819 E. Leslie Dr.</td> <td>Meridian</td> <td>Id.</td> <td>USA</td> <td>83646</td> </tr> <tr> <td>Sec'y</td> <td>Mark P. Coonts</td> <td>4437 Sage Creek Dr.</td> <td>Boise</td> <td>Id.</td> <td>USA</td> <td>83714</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Rodney Lima	2934 N. Cloverdale Rd.	Boise	Id.	USA	83713	VP	Steve Viera	4337 S. Redhawk Wy.	Boise	Id.	USA	83716	Treasurer	Eric A. Stunz	2819 E. Leslie Dr.	Meridian	Id.	USA	83646	Sec'y	Mark P. Coonts	4437 Sage Creek Dr.	Boise	Id.	USA	83714
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5. Organized Under the Laws of: IDAHO C 182332		6. Signature:  Date: 3/18/15 Name (type or print): Eric A. Stunz Title: Treasurer																																				
Issued 03/18/2015 by online																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM