



No. W 98229	Reinstatement Annual Report Form ADMIN DISSOLVED 02/11/2013		2. Registered Agent and Office (NOT A P.O. BOX) JOSHUA SCHULTZ 380 S WOODRUFF AVENUE IDAHO FALLS ID 83401
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. IDAHO FALLS MARTIAL ARTS, LLC JOSHUA B SCHULTZ 380 S WOODRUFF AVENUE IDAHO FALLS ID 83401 USA		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"/>	Joshua Schultz 655 Butterfly IDAHO FALLS, ID Bonneville, UT 83401		
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; font-size: 1.2em;"> IDAHO W 98229 </div>		6. Signature:  <hr/> Name (type or print): Joshua Schultz	
		Date: 3/2/13 <hr/> Title: OWNER	
Issued 02/20/2013 by DK1			