

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		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. New Registered Agent Signature. 	
REINSTATEMENT FEE DUE: \$30.00					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>		Name <i>Joshua Schultz</i>	Street or PO Address <i>655 BUTTERFLY</i>	City <i>IDAHO FALLS, ID</i>	State <i>BONNEVILLE</i>
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: IDAHO W 98229		6. Signature:  Name (type or print): <i>Joshua Schultz</i>			
		Date: <u>3/2/13</u> Title: <u>OWNER</u>			

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