



	File online at: SOSBIZ.idaho.gov  Due on/Before: 08/31/2018 Reporting Year: 2018			Return completed form within 30 days to Idaho Secretary of State		
Annual Report: No filing fee if received by due date. If reinstatement is required, the reinstatement fee is \$30.00.				700 West Jefferson, E205 450 North 4th Street		
				Boise, ID 8 Phone: (20	3702 8) 334-2300	
	Number: 472458 ity Company (D)	Filing Status: Active-E Date Formed: 08/24/2	-	Formation	n Locale: ID	
Name and W WRESTLE C 1509 S VIST BOISE, ID 8	A AVE		(1) Ad	d or Change Mai	ling Address:	
Registered A ANTHONY G 1509 S VIST. BOISE, ID 8	A AVE	Office (RO) Address:	(2) Ch	ange RA and/or	RO Address:	
(3) New Req	Note: The Register	ed Office address must be a	physical Idah	o address (no p	postal box).	e e empe, e e espera e espera e e espera e e e e e e e e e e e e e e e e e e
(4) Limited Lia	bility Companies: Enter names a be accepted. Changes here will	and addresses of Managers	OR Member	s. Do NOT pu	t 'same as last year' or	'same as above
Manager/Member	Name AMhony Gari	Business Add		<u> </u>	City, State, Zip	//an_ #
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Mgr Men	n n					
Mgr Men	AMhony Gara			Ave		837

(8) Title: Owner, R (7) Type/Print Name: Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30 if reinstating.

Sign and date this form and return to the address provided above.

lawerence Denney