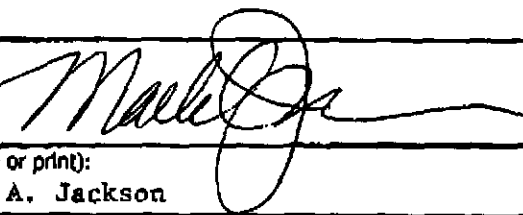


No. W 23276	Reinstatement Annual Report Form ADMIN DISSOLVED 06/17/2014		2. Registered Agent and Office (NOT A P.O. BOX)
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. PARKCENTER FITNESS, LLC 1455 COUNTRY TERRACE WAY MERIDIAN ID 83642 Boise 83715 <i>PO Box 16650</i>		MARK A JACKSON 110 WALLACE AVE COEUR D'ALENE ID 83814
REINSTATEMENT FEE DUE: \$30.00			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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Appleton Family Trust	PO Box 16650, Boise, ID 83715	
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Dalynn Appleton,	BO Box 16650, Boise, ID 83715	
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: IDAHO W 23276	6. Signature:  Name (type or print): Mark A. Jackson Date: 9/10/14 Title: Attorney		
Issued 09/10/2014 by online			